

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have been shown and have been given a copy of the  
“NOTICE OF PRIVACY PRACTICES”  
for Alta Vista Chiropractic

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**The HIPPA information page is for the patient to keep if desired.**