

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

**ADRIANA QUIROGA-MONTELEON D.C.
JEFF MONTELEON D.C.**

LIFEFORCE CHIROPRACTIC

I, _____ have read a copy of LifeForce Chiropractic's

Patient name

Notice of Patient Privacy Practices.

Signature of Patient or Parent
Legal Guardian

Date