

Take Care
chiropractic
Life Wellness Center

I acknowledge that I have been shown a copy of the Notice of Privacy Practices of Take Care Chiropractic. I understand that I may request a copy of this notice at any time. I further understand that this Notice may be modified with no prior notification to me and that the most recent version of this Notice will be posted in the patient area of Take Care Chiropractic.

I have read and understand the information presented:

Signature of New Patient

Date

Received by a Take Care Team Member

Date