

Printed Name:

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## ACKNOWLEDGEMENT OF RECEIPT Notice of Privacy Practices

Your name and signature on this form indicates that you have received a copy of Cunningham Chiropractic's Notice of Privacy Practices on the date and time indicated below.

If you have any questions regarding the information contained in Cunningham Chiropractic's Notice of Privacy Practices, please contact Cunningham Chiropractic's Chief Compliance Officer at (315) 445-9941.

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