

**SERENITY CHIROPRACTIC HEALTH**  
**RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
**WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_, have received a copy of Serenity Chiropractic Health  
Print Name

Office's Notice of Privacy Practices **AND** consent to all legitimate uses and disclosures of protected health information as described in the Notice.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date