RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

THE CENTER FOR TOTAL BACK CARE

| I, | _ have read a copy of | The Center For |
|--|-----------------------|----------------|
| Patient name | _ ,, | |
| Total Back Care's Notice of Patient Privacy Pr | actices. | |
| | | |
| Signature of Patient or Parent or Legal Guardian | | Date |