

**WAGNER FAMILY PRACTICE**  
**Keith A. Wagner, D.C.**

**HIPPA PRIVACY PRACTICES ACKNOWLEDGEMENT**

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I have read the Notice of Privacy Practices and I have been provided an opportunity to review it.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If requested, we have a printed HIPPA form which explains the compliance laws