

Crossroads Chiropractic
2826 Moody Pkwy Ste A
Moody, Al 35004
Dr. Shawn Stubbs, R.N., D.C., L.Ac.
205-640-6500

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____, [patient's name] acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Crossroads Chiropractic, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practice.

Date

Signature

Print Name