

**SUNSET CHIROPRACTIC
DR. JEFFREY MOODY
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TAMPA, FL 33611
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RECEIPT OF NOTICE OF PRIVACY PRACTICES

WRITTEN ACKNOWLEDGEMENT FORM

SUNSET CHIROPRACTIC

I, _____ have read a copy of **Sunset
Chiropractic's** Notice of Patient Privacy practices and HIPAA compliance notice.

Signature of Patient or Parent or Legal Guardian

Date