Dr. Barbara A. Coyle Coyle Chiropractic

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PATIENT ACKNOWLEDGEMENT OF RECEIPT OF COYLE CHIROPRACTIC'S NOTICE OF

PRIVACY PRACTICES

By signing below, I acknowledge receiving a copy of Coyle Chiropractic's Notice of Privacy Practices, dated April 14, 2003.

Patient's Printed Name	Patient's Signature
Signature of Legal Representative	Relationship to Patient
Date Signed	