Right Health Clinic, P.C.

Dr. Chris Foster, DC

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Acknowledgment of Receipt of Privacy Practices

I have received a copy of Right Health Clinic's Notice of Privacy Practice. If I choose not to receive a copy, I am acknowledging that it is available for my viewing during regular office hours.

Name of Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Patient: _____

Signature of Witness: _____

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