

LUNDIN CHIROPRACTIC CLINIC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Lundin Chiropractic of McKinney's** "NOTICE OF PRIVACY PRACTICES," revision date April 10, 2003.

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Lundin Chiropractic of McKinney, Texas with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Signature

Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

