

BOUTROS CHIROPRACTIC & WELLNESS

INJURY CARE-NUTRITION-REHABILITATION

Notice of Privacy Practices Acknowledgement

I hereby acknowledge that I have received and reviewed a copy of the privacy policy for Boutros Chiropractic & Wellness.

This notice is effective as of the date shown below. This authorization will expire seven years following the last date of service received with our facility.

I acknowledge and authorize Boutros Chiropractic & Wellness to use or disclose my health information in a manner described within the privacy policy notice, as well as to protect my privacy rights according to the standards set forth in the privacy notice.

Patient Name Printed

Date

Patient Name Signature

Boutros Chiropractic & Wellness
Representative Witness

Date