



*CLARK CHIROPRACTIC CENTER*

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PRACTICE'S REQUIREMENTS**

The Practice:

- (a) Is required by federal law to maintain the privacy of your PHI (Protected Health Information) and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- (b) Under the Privacy Rule, may be required by State Law to grant greater access or maintain greater restriction on the use or release of your PHI than that which is provided by under Federal law.
- (c) Is required to abide by the terms of this Privacy Notice.
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.

**EFFECTIVE DATE APRIL 15, 2003**

This notice is in effect as of 04-15-03.

**PATIENT ACKNOWLEDGEMENT**

By signing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

PATIENT SIGNATURE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_