

# Bullard Chiropractic Clinic

*"For Proven Results You Can Feel"*

Dr. Rick Radtke, D.C.

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## NOTICE OF PRIVACY PRACTICES

(This notice is effective as of April 14, 2003)

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

By signing below, I authorize and give my consent to **Bullard Chiropractic Clinic** to use and disclose my protected health care information for the purpose of treatment, payment, and health care operations as described in the Privacy Notice.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Please Print)

Patient/Guardian Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_