

# INLINE CHIROPRACTIC

45600 CHERRY HILL  
CANTON, MI 48188  
PH: 734-983-0100  
FX: 734-983-0300

## PRIVACY POLICY

I acknowledge that the Inline Chiropractic PLLC's "Notice of Privacy Policies" has been provided to me. I understand that I have the right to review Inline Chiropractic PLLC's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health care information that will occur in my treatment, payment of my bills or in the performance of health care operations of the Inline Chiropractic PLLC. It describes my rights as they concern the limited use of health information, including my demographic information, collected from me and created or received by my doctor. The Notice of Privacy Practices for Inline Chiropractic PLLC is also provided on request at the main desk of this practice.

Inline Chiropractic PLLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

Please list any one able to receive information regarding you treatment/payment of bills

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