

**Anderson Chiropractic
4211 E.Third St.
Bloomington, IN 47401**

Anderson Chiropractic Patient Privacy Policies Acknowledgement Form

This form acknowledges the fact that I have been given a copy of the Patient Privacy Policies for Anderson Chiropractic. I understand that these Privacy Policies are in effect for 7 years from the date that I sign this notice or as long as the office maintains my file. Anderson Chiropractic has the right to change these "Policies" at any time; however, I will be given written notice of any change. Any correspondence regarding any aspect of Anderson Chiropractic's Patient Privacy Policies must be put in writing and submitted to the Privacy Officer.

Printed Name _____

Signature _____ Date _____

—