



Chiropractic Associates, Inc.  
Harold W. Gunn, Jr., D.C.  
7669 South Redwood Road  
West Jordan, UT 84084  
Phone 801-566-2465  
Fax 801-566-0247

### **PRACTICE'S REQUIREMENTS**

Chiropractic Associates, Inc.

(a) Is required by federal law to maintain the privacy of your PHI 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 restrictions on the use or release of your PHI than that which is provided for 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 all of your 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**

This Notice is in effect as of 01/01/2008

### **PATIENT ACKNOWLEDGEMENT**

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

\_\_\_\_\_  
Patient

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

### **ASSIGNMENT OF BENEFITS**

I hereby assign all benefits due, to Harold W. Gunn, Jr., D.C. (Chiropractic Associates, Inc.) and in so doing declare that all payment made by third parties regarding care rendered to me by him or at his office should be directed to him.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date