



**2456 N. Woodlawn, Suite 5C
Wichita, KS 67220
(316) 636-4444**

Notice of Receipt of Privacy Notice of Shubert Natural Health Care and Chiropractic

By signing below, I acknowledge that I have received and reviewed the Privacy Notice of Shubert Natural Health Care and Chiropractic in force as of 01 April, 2004 and all of my questions have been answered to my satisfaction in a language that I can understand.

Name of Individual (Printed)

Signature of Individual

Signature of Legal Representative
(e.g. Attorney-in-Fact, Guardian, Parent of
Minor)

Relationship

Date Signed ____/____/____

Witness

If you would like to list any family members that you authorize a release of medical information to, please list below with their name and telephone number: (e.g., spouse, mother, father, child)

- | | Name | Phone # |
|----|-------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |