



Matrix Chiropractic
Chiropractic Acupuncture & Therapeutic Nutrition

Notice of Privacy Practices is effective as of April 7, 2019.

This notice, and any alterations or amendments made hereto, will expire seven years after the date upon which the record was created. My signature acknowledges that I have the right to review the Matrix Chiropractic privacy notice, to request restrictions and revoke consent in writing at any time.

Name (Please Print)

Date

Signature

For a minor or person represented by another party:

Name of personal representative (Please Print)

Date

Signature

Description of the authority to act on behalf of the patient (Parent, guardian, etc)