

BARKALOW CHIROPRACTIC AND ASSOCIATES
550 CAMINO EL ESTERO, STE 204
MONTEREY, CA 93940
PH: 831-375-5151
FX: 831-375-6682

NOTICE OF PRIVACY PRACTICES

This notice effective as of _____.

I have read the Privacy Notice and understand my rights contained in this notice.

By my way of my signature, I provide Stephen D. Barkalow, D.C with my authorization and consent to disclose my protected health care information for purposes of treatment, payment and healthcare operation as described in the Privacy Notice.

Patient Name (print)

Date of Birth

Patient Signature

Date

If this authorization form is signed by personal representative for individual patient.

Representative's name (print)

Signature of representative

Date

Relationship to individual