

**Doyle Family Chiropractic  
9521 - L Indianapolis Blvd.  
Highland, IN 46322  
(219) 838-9000**

**Notice of receipt of Privacy Notice of Doyle Family Chiropractic**

By signing below, I acknowledge that I have received and reviewed the Privacy Notice of **Doyle Family 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)  
Individual

Signature of

\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_