

Huskey Chiropractic
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Notice of Receipt of Privacy Notice of Huskey Chiropractic

By signing below, I acknowledge that I have received and reviewed the Privacy Notice of Huskey Chiropractic Clinic, in force as of April 14, 2003 and that all of my questions have been answered to my satisfaction in language that I can understand.

Print Name of Individual

Signature of Individual

Signature of Legal Representative
(e.g., Attorney-In-Fact, Guardian, Parent
if a minor)

Relationship

Date Signed: _____

Witness: _____