



DENTON CHIROPRACTIC & NATURAL HEALTH

Dr. Max L. Denton Dr. Coleen A. Denton Dr. Timothy J. Prater
520 East Center Street, Marion, Ohio 43302
Telephone: 740-387-3185

Right to a Paper Copy of this Notice-You have the right to receive a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this Notice electronically. You may request a paper copy of this Notice any time.

Right to File a Complaint-You have the right to complain to the Practice or to the United States Secretary of Health and Human Services (as provided by the Privacy Rule) if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. To file a complaint with the United States Secretary of Health and Human Services, you may write to: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201. All complaints must be in writing.

To obtain more information about your privacy rights or if you have questions about your privacy rights you may contact the Practice's Privacy Officer as follows:

Name: Pamela Webb
Address: 520 East Center Street, Marion, Ohio 43302
Telephone No: (740)387-3185

We encourage your feedback and we will not retaliate against you in any way for the filing of a complaint. The Practice reserves the right to change this Notice and make the revised Notice effective for all health information that we had at the time, and any information we create or receive in the future. We will distribute any revised Notice to you prior to implementation.

A Copy of this Notice of Privacy Practice has been made available in this office. I understand and agree to the terms of this notice.

Patient: _____ Date: _____

____ At this time I have declined a copy of the Notice of Privacy Practices, and understand that I may request a copy at any time.

____ I have received a copy of the Notice of Privacy Practice.