

**Your right to complain**

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to:

DOCTOR'S CHIROPRACTIC

1796 W. CAUSEWAY APPR.

MANDEVILLE, LA 70471

**To contact us**

If you would like further information about our privacy policies and practices please contact:

DOCTOR'S CHIROPRACTIC (Name/Office)

ATTN: LISA PARR

1796 W. CAUSEWAY APPR. (Address)

MANDEVILLE, LA 70471

(985) 626-1671 (Phone)

This notice is effective as of \_\_\_\_\_. This notice will expire six years after the date upon which the record was created. By signing below, I acknowledge that I have received a copy of this notice.

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Authorized Provider Representative

\_\_\_\_\_  
Personal representative printed

\_\_\_\_\_  
Personal representative signature

\_\_\_\_\_  
Description of personal representative's authority to act for the patient.