

**RICHARDSON CHIROPRACTIC & WELLNESS**

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Over 30 Years Experience  
[www.RichardsonChiro.com](http://www.RichardsonChiro.com)

**PRIVACY PRACTICES**

**PATIENT RECEPTION FORM**

I have received or reviewed the privacy practice notice for Richardson Chiropractic and Wellness, and understand the situations in which this practice may need to utilize or release my medical records. I also understand that I agreed to the use of those records when I initially applied for care at this office on my first visit, whenever that may have occurred.

I understand that this office will properly maintain my records, and will use all due means to protect my privacy as outlined in this privacy practices statement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print the Patient Name