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# Dr. Patrick Barnett D.C.

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9957 Western Ridge Way  
Conroe , TX 77385  
281-364-6999  
doctor\_barnett@yahoo.com

## PRIVACY NOTICE

In compliance with the HIPPA laws, this notice is to inform you of how your Protected Health Information (PHI) will be handled. It is the policy of this office to NOT share your information without your written permission except as required by law (i.e., subpoena, abuse, neglect, or domestic violence). Your contact information, including phone and e-mail, will only be used for notification purposes by this practice. All access to your private health information is restricted to persons listed on official HIPAA forms. All requests for information must be submitted in writing to :

Dr. Patrick Barnett  
9957 Western Ridge Way,  
Conroe, Tx. 77385.

All complaints or inquiries go to Secretary of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building 200 Independence Ave. S. W., Room 509 F, Washington D.C. 20201.

This notice is effective as of November 1st 1997.

I acknowledge I have read the privacy notice of Dr. Patrick Barnett DC and Dr. Alicia Burns DC and staff will comply with all requirements.

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO TREAT A MINOR

I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, do hereby authorize Dr. Patrick Barnett DC, Dr. Alicia Burns DC, and staff to examine and treat said minor.

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_