



An Affiliate of  UnityPoint Health

CHARITON CLINIC

Acknowledgement of Receipt of Privacy Notice

I acknowledge that I have received a copy of Lucas County Health Center's Notice of Privacy Practice with the effective date of April 2003.

Printed Name of Patient

Patient's Date of Birth

Signature of Patient or Representative

Date

Representative's Relationship to Patient

Please return this form to :

LCHC - Chariton Clinic
1200 North 7th Street
Chariton, IA 50049