

**JOSEPH J. FURLIN, M.D., S.C.**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

***I have received the attached JOSEPH J. FURLIN, M.D., S.C. NOTICE OF PRIVACY PRACTICES.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date of Birth of Patient

\_\_\_\_\_  
Signature of Parent / Legal Guardian or Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**This Notice applies to the following  
Joseph J. Furlin, M.D., S.C. sites:**

675 W. North Ave., Suite 312  
Melrose Park, Illinois 60160

4614A W. Diversey Avenue  
Chicago, Illinois 60639

THIS NOTICE BECAME EFFECTIVE ON APRIL 14, 2003