

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Healthy Qi & You (HQY) values and respects our patients' privacy. As required by law, HQY will protect the privacy of your health information and provide you with a copy of our Notice of Privacy Practices. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information (PHI). We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website (www.healthyqiandyou.com) or request one from staff at our office.

By signing below, I acknowledge that I have been provided a copy of this Notice and have been notified of how health information about me may be used and disclosed by HQY, and how I may obtain access to and control this information. In addition, by signing below, I consent to the use and/or disclosure of my health information as described by this Notice, including to treat me and arrange for my medical care, to seek and receive payment for services provided to me, and for the business operations of our practice.

Name of Patient or Personal Representative (printed)

Description of Personal Representative's Authority (printed)

Signature of Patient or Personal Representative (signed)

Date



TO BE COMPLETED BY STAFF ONLY

Complete all applicable parts.

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

□ Patient/personal representative refused to sign form

□ Other (please specify):

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

□ Form mailed/sent to patient/personal representative on _____

Date

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date

