

LEXINGTON NATURAL HEALTH CENTER

Privacy Notice Acknowledgement

We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act* of 1996(HIPAA),we are required to supply you with a copy of our privacy policies and procedures.We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

I acknowledge that I have received a copy of Dr. James Belanger or Dr. Karen Braga (Lexington Natural Health Center) *Notice of Privacy for Protected Health Information*.

I, the undersigned, certify that I have read and understand the above notice and that I am directly responsible for all payments of fees incurred on my behalf at this office

Patient Name, Printed

Date

Patient Signature

Personal Representative, Printed

Personal Representative, Signed

Description of personal representative's authority to act for the patient.