

HEALING HANDS HOUSE CALLS

HIPPA Acknowledgment/Consent to the use and disclosure of health information for treatment, payment, or healthcare operations.

I understand that as a part of my healthcare, Healing Hands House Calls, originates and maintains health care records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future or treatment. I understand that this information serves as:

- * A basis for planning my care and treatment.
- * A means of communication among the many health professionals that contribute to my care
- * A source of information for applying my diagnosis and treatment to my bill
- * A means that serves can verify that services billed were actually provided
- * And a tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professionals .

I understand And have been provided With a notice of privacy practices that provides a more complete Description of Provide health information uses and disclosures. I understand that I have the right to review the notice Privacy prior To signing this acknowledgement. I understand that healing hands house calls Reserve the right to change its Practices and to make the new provisions effective For all Protected health information maintained By healing hands house calls.

I understand that I have the right to request restrictions As to how my protected heal information may be used or disclosed to carry out treatment payment or healthcare Operations in that healing hands house calls Is not required to agree to the restrictions requested. Healing hands house calls Will not use Or disclose your health information without your authorization expect as described in the notice of privacy practices.

Healing hands house calls Recordings may contain information created by an entity other than healing hands house calls. Healing hands house calls Is not responsible for the information contained there in (Including the accuracy completeness relevance legibility Or lack there of is such incorporated Records). Patient expressly Impressive release of all recordings maintained by healing hands house calls concerning Patients including incorporated recorders.

Patient signature Or Legal Representative

Date:

Witness Signature

Date: