

Silver Wave Acupuncture
14850 Burnt Pine Drive, Suite 2
Bonita Springs, FL 34134
(239) 949-6002

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

I have read, reviewed, understand, and agree to the statement of privacy polices for healthcare services at Silver Wave Acupuncture Clinic.

Patient's signature: _____ Date: _____

PATIENT'S CONSENT FOR THE PURPOSES OF PAYMENT AND HEALTHCARE OPERATIONS

I give consent to the Silver Wave Acupuncture Clinic to use and disclose my individual identifiable health information or protected health information for the following specific purposes:

- Planning and providing treatment to me.
- Relating to the payment of services this office has rendered to me.
- General administrating operations of this practice such as quality assessment, credentialing, or business management.

Protected health information is any information that includes:

- Demographic information
- Information gathered by this practice as it relates to my past, present, and future
- Information gathered by this practice for past, present or future payments for providing healthcare services

I understand that I have the right to request or put restrictions on the use and disclosure of my protected health information for the purposes of treatment, payment or healthcare operations of this practice, but that the practice is not required to agree to these restrictions. However, if the practice agrees to a restriction that I request the restriction is binding on the practice.

Patient's signature: _____ Date: _____