

## CLIENT ACKNOWLEDGEMENT OF HIPAA NOTICE

### Notice to Client:

We are required to offer you a copy of our HIPAA notice which states how we may use and/or disclose your health information. Our HIPAA notice and office policies contain information regarding payment, health insurance/HSA and FSA usage, collections and other important information. (In print form on your intake forms as well as on our website)

### Client Acknowledgment:

I acknowledge and agree to this office's HIPAA notice. I acknowledge that I have reviewed the HIPAA notice and have the right to obtain a paper copy of the HIPAA notice. I acknowledge that I may refuse to sign this acknowledgement if I wish.

### The Use and/or Disclosure Authorized:

People and/or organizations that you are authorizing to use and/or disclose the protected health information described above: All labs or testing facilities, other health care offices, client's schools, client's workplace/employer, law enforcement/court entities, etc. are all examples of areas by which information can be shared upon your consent.

I authorize *Mayberry Naturopathy* to send appointment reminders via phone, text or email:

Initial \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Consent to Communicate:

I authorize that medical or financial information may be communicated with the named person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Due to high demand for appointments at our office, you must cancel at least 24 hours in advance to ensure that no cancellation fee is incurred. Fee is at least 50% of the cost of your office visit missed and any future appointments scheduled may need to be pre-paid at the time of booking. Multiple reschedule requests may incur you being dismissed from care.

\_\_\_\_\_  
**Printed Client Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature or Legal Representative**

\_\_\_\_\_  
**If legal representative, state relationship**

For Office Use Only: We have made every attempt to obtain written acknowledgement of receipt of our HIPAA notice from this patient/client but it could not be obtained because:

client refused to sign  we were not able to communicate with the client

due to an emergency it was not possible to obtain a signature