

PRIVACY POLICY ACKNOWLEDGEMENT STATEMENT

I hereby acknowledge that I have been made aware that The Healing Corner has a Privacy Policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient at The Healing Corner, I understand and acknowledge the following:

1. The Healing Corner has a privacy policy in effects in their office.
2. The Healing Corner has made this policy available to me for review, by placing a complete version in a binder that resides in the waiting room and/or by placing a poster version of this policy in the waiting room or similar common area with patient access and/or having a copy available for download and review on their website.
3. The Healing Corner has made me aware, that as a patient I am entitled to a copy of this Privacy Policy if I desire a copy for my personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the privacy policy implemented by The Healing Corner and have read and understand the acknowledgment form. If you desire a copy of the Privacy Policy, please request one at this time or download a copy from our website at www.thehealingcorner.com

_____ NO, I do not want a copy, but acknowledge the Privacy Policy Exists

_____ Yes, I DO want a copy of the Privacy Policy and I received requested copy. Patient Initials____

Patient Name:_____ Patient Signature:_____ Date:_____

For more information contact The Healing Corner Compliance & Privacy Officer at 860-583-4325

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other _____

Staff Signature_____ Date _____