



Advanced
Menstrual Care Center

Control your period.
Improve your life!

Last Name

First Name

Initial

DOB

**Use and Disclosure of Protected Health Information (PHI)
PATIENT ACKNOWLEDGEMENT & CONSENT FORM**

The pamphlet "Notice of Privacy Practices" provides information about how Advanced Menstrual Care Center LLC (AMCC) may use and disclose protected health information (PHI) about you and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Notice of Privacy Practices states that AMCC reserves the right to change terms described. Should this happen, we will display the new policy and effective date at the AMCC office and at <https://www.AdvancedMenstrualCareCenter.com>.

You have the right to request restrictions on how your PHI may be used or disclosed for treatment, payment, or health care operations. If you have specific restrictions on PHI disclosure, you must submit that information to AMCC in writing. AMCC is not required to agree with your restrictions; but if we do, we are bound by our agreement with you.

*By signing below, you acknowledge receipt of our **Notice of Privacy Practices**.*

Patient Signature

Date

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions or would like additional information, please contact Advanced Menstrual Care Center. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

For AMCC Internal Use Only

UNABLE TO OBTAIN NOTICE RECEIPT ACKNOWLEDGEMENT

An attempt to obtain a signed HIPAA notice receipt from the patient was unsuccessful because:

AMCC Employee Signature

Date