



TouchStone

HEALTH CLINIC

Where healing begins

Notice of HIPAA Privacy Practices: Acknowledgement of Receipt of HIPAA Privacy Practices

- I understand I have a right to review Touchstone Health Clinic’s Notice of Privacy Practices prior to signing this document.
- Touchstone Health Clinic’s Notice of Privacy Practices has been provided to me.
- The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations of Touchstone Health Clinic.
- The Notice of Privacy Practices for the providers at Touchstone Health Clinic is also provided at the front desk of Touchstone Health Clinic.
- This Notice of Privacy Practices also describes my rights and the duties of the providers at Touchstone Health Clinic with respect to my protected health information.
- Touchstone Health Clinic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.
- I may obtain a revised notice of privacy practices by calling the office and requesting revised copy be sent in the mail or asking for one at the time of my next appointment.
- By signing below, I acknowledge that I have reviewed the Notice of Privacy Practices, and have had an opportunity to discuss any questions I may have.

Signature of Patient or Personal Representative: _____

Printed Name of Patient or Personal Representative: _____

Date: _____

******For Provider Use Only ******

Client (or personal representative) is unable or unwilling to sign this documents for the following reasons:

Describe attempts to obtain Signature: _____

Provider Name: _____ Provider Signature: _____

Date: _____