

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have been offered/am aware of At Last Bra and Lingerie Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of At Last Bra and Lingerie health care operations. The Notice of Privacy Practices also describes my rights and At Last Bra and Lingerie duties with respect to my protected health information. The Notice of Privacy Practices is posted in the waiting area and on At Last Bra and Lingerie website at www.atlastbras.com.

At Last Bra and Lingerie 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 a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing At Last Bra and Lingerie website.

☐ I refuse to sign this form

Signature of Patient or Personal Representative

Date

If other than patient/Description of Personal Representative's Authority

The following individuals may have access to my Account/Private Health Information:

☐ Spouse ☐ Child/Children ☐ Parent(s) ☐ Guardian(s) ☐ Other

Name(s): _____

Medical Information Release

I understand and authorize any holder of medical information about me to be released to At Last Bra and Lingerie Mastectomy Fitter or its agents any information needed to determine benefits or the benefits payable for the related services. I understand that the below signatures(s) authorizes release of medical information necessary to pay the claim.

Signature of Patient or Personal Representative

Date