Affinity
BOTANICAL MEDICINE

Jason H. Bredenkamp, M.D.
1215 Southtown Blvd, Ste 303
Owensboro, KY 42301
(270) 570 - 9535

Acknowledgment of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand the Notice of Privacy Practices document containing a more complete description of the uses and disclosures of my health information. I understand that Affinity Botanical Medicine ("Practice") has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above for a current copy of the Notice of Privacy Practices document.

Do we have your permission to:

Leave a message on your answering machine?	☐ Yes	☐ No
Confirm appointments by leaving messages or speaking with family?	☐ Yes	☐ No
Leave pre-medication reminders (if applicable)?	☐ Yes	☐ No
Speak to household members concerning your care?	☐ Yes	☐ No

Authorized Family Members / Representatives (*optional*)

In the event that the clinic needs to communicate information about my care to a family member or personal representative, please list the individuals you authorize below. By listing their names and contact information, you are giving Affinity Botanical Medicine permission to discuss your protected health information with them.

Individuals Name (First & Last) _____ Relationship to Patient _____ Phone # _____

Patient Signature

Signature _____ Print Name _____ Date _____