I certify that I have been made aware of Serenity Wellness Center’s **NOTICE OF PRIVACY PRACTICES** and that I have a right to receive a copy upon request. This notice describes the type of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of Serenity Wellness Center’s health care operations. The notice also describes my rights and Serenity Wellness Center’s duties with respect of my protected health information. I understand that copies of the **NOTICE OF PRIVACY PRACTICES** are available in the registration areas of each facility and on serenity Wellness Center’s website [www.serenitywellnesscenter.net](http://www.serenitywellnesscenter.net) I may request that a copy be mailed to my by calling (951) 291-8849.

Serenity Wellness Center 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 above number and requesting a revised copy be mailed to me, by asking for one at the time of my next appointment, or by accessing Serenity Wellness Center’s website listed above to view the most current version.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Personal Representative