

Acknowledgement of Receipt of Notice of Privacy Practices

As part of my health care, **Full Body Rejuvenation Center** creates and stores information about me. This includes records concerning my health history, symptoms, examinations, test results and plans for future care.

I understand that this information serves as a basis for my continuing care. I understand that this information is used as a means of communication with _____'s personnel, and with medical personnel outside of this practice. I understand that this information serves as a source of information for applying my diagnoses and surgical information to my bill.

I understand that this information is a way for third party insurance companies to assure that a service we billed for was actually performed.

I understand that this information can be used as a tool to assess the quality of care provided to patients. I have been provided an opportunity to review the Notice of Privacy Practices for **Full Body Rejuvenation Center** that provides a more complete review of information uses and disclosures. I understand that I have the right to review this Notice of Privacy Practices before signing this consent.

I understand that **Full Body Rejuvenation Center** may change its Notice of Privacy Practices at any time and that a current copy will be available for my inspection during regular business hours of each medical office and at the central billing office.

I understand that I have the right to request restrictions as to how my information may be disclosed to carry out treatment, payment or other healthcare operations and that **Full Body Rejuvenation Center** is not required to agree to the restrictions requested. The procedure to request restriction on information use and disclosure is contained in the Notice of Privacy Practices.

I acknowledge that I have reviewed the Notice of Privacy Practices and agree to the liability limitations explained therein. I have the right to obtain a paper copy of this notice.

Printed name of patient

Signature of patient or legal representative

If legal representative, state relationship

Date
Effective date of this NoPP is September 23, 2013.