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Acknowledgement of Notice of Privacy Practices
& Payment Responsibilities

I have been provided with a copy of the Notice of Privacy Practices prior to signing this document. 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. The Notice of Privacy Practices is also available upon request from The Center: Natural Health Specialists. This Notice of Privacy Practices also describes my rights and duties with respect to my protected health information.

The Center: Natural Health Specialists 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 requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

I understand and acknowledge that payment for services and products from The Center: Natural Health Specialists are ultimately my personal responsibility. In the event attempts to make payments to The Center: Natural Health Specialists through entities other than myself (such as insurance, workers compensation, personal injury…) are unsuccessful in a reasonable time, I will pay for the cost of these services and products.

_____
Printed Name

_____ _____
Signature Date