ROOTS FOR HEALTH
NATUROPATHIC MEDICINE

HIPAA Release Form

Roots for Health, PLLC is concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Please review "Notice of Privacy Practices: We Care About Your Privacy," attached to the intake clipboard. If not provided, please ask front desk staff for a copy.

For more information on HIPAA regulations, please visit the website for the U.S. Department of Health & Human Services: http://www.hhs.gov/ocr/privacy/

I acknowledge that I am informed on HIPAA regulations and have been offered a copy of the Notice of Privacy Practices for Roots for Health, PLLC.

Name of Patient (please print): _____

Signature of Patient or Authorized Representative: _____

Date: _____