

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

FIT2B Breast & Body Thermography

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of ***FIT2B Breast & Body Thermography's*** "NOTICE OF PRIVACY PRACTICES," revision date _____ .

As required by the Privacy Regulations, *Lisa Marie Taylor* from ***FIT2B Breast & Body Thermography*** has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that ***FIT2B Breast & Body Thermography*** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of my Protected Health Information.

I wish to file a "Request for Alternative Communications" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practices:"

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt (describe): _____

