BlessedCare Center, Inc

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NOTICE OF PRIVACY PRACTICE ACKNOWLEDMENT AND CONSENT

ACKNOWLEGEMENT OF NOTICE OF PRIVACY PRACTICES:

The Notice of Privacy Practices tells you how we may use and share your health records.
Please read it.

- We will use and share your health records to treat you and to bill for the services we provide.
- We will use and share your health records to run our business.
- We will use and share your health records as required by law.

All the ways we may use and share your health records are explained in more detail in the Notice of Privacy Practices.
You have the following rights with respect to your health records:

1. You have the right to look at and receive a copy your health records.
2. You have the right to receive a list of whom we have given your health records to.
3. You have the right to ask for us to correct a mistake in your health records.
4. You have the right to ask that we not use or share your health records.
5. You have the right to ask us to change the way we contact you.

All of these rights are explained in more detail in the Notice of Privacy Practices.

I have received a copy of the BlessedCare Center's Notice of Privacy Practices.

Signature: _____**Date:** _____
(of Patient or Legal Representative)

Capacity of Legal Representative (if applicable): _____

CONSENT:

I **consent** to the use and sharing of my health records for treatment, payment, and operation purposes as described in the Notice of Privacy Practices. I know that if I do not consent, you cannot provide services to me.

FLORIDA law requires that we advise you that the information authorized for disclosure may include information which may be considered a communicable or venereal disease, including, but not limited to, Hepatitis, Syphilis, Gonorrhea, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (AIDS). It also may include mental health or other sensitive information.

Signature: _____Date: _____
(of Patient or Legal Representative)
Capacity of Legal Representative (if applicable): _____
*May be requested to provide verification of representative status.

File in Patient Chart