EVOLUTIONARY HEALING INSTITUTE

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ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and maintained for six years.

By filling in the lines below, I authorize being contacted for practice reminders by:

Mail:______________________________ By Voice Mail:______________________________

Email:______________________________ By Text Message:______________________________

Telephone Numbers:____________________ By Facebook Address:______________________

By filling in the lines below, I authorize being contacted for birthday greetings or promotions about the practice by:

Mail:______________________________ By Voice Mail:______________________________

Email:______________________________ By Text Message:______________________________

Telephone Numbers:____________________ By Facebook Address:______________________

By checking below, I authorize the doctor to personally discuss with me products that may benefit my health or condition.

______________________________________ ______________________

Patient Name (Printed or Typed) Date

____

Parent, Guardian or Patient's Legal Representative

____

Signature of Patient, Guardian or Patient's Legal Representative

List below the names and relationship of people to whom you authorize the Evolutionary Healing Institute to release PHI:

______________________________________ ______________________________

______________________________________ ______________________________

______________________________________ ______________________________

THIS FORM WILL BE PLACED IN THE PATIENT'S CHART AND MAINTAINED FOR SIX YEARS.

By signing this document electronically, you agree that your electronic signature is the legal equivalent of your manual/handwritten signature. You consent to be legally bound by the terms and conditions of this document. You also acknowledge that you have the right to request a paper copy of this document and to withdraw your consent to sign electronically at any time.