



NOTICE OF PRIVACY PRACTICES

Acknowledgement and Consent

I understand that the Garden SPOT Shelter will use and disclose health information about me for the purposes of coordinating my care plan. I understand that my health information may include information both created and received by the shelter; may be in the form of written or electronic records or spoken words; and may include information about my health history, health status, symptoms, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand and agree that the Garden SPOT Shelter may use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment
- Refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment
- Determine my eligibility for health plan or insurance coverage
- Perform various office, administrative, and business functions that support efforts to provide me with, arrange, and be reimbursed for quality, cost- effective health care

I also understand that I have the right to receive and review a written description of how the shelter will handle health information about me. This written description is known as a Notice of Privacy Practices and describes the uses and disclosure of health information made and the information practices followed by the employees, staff, and other office personnel of the Garden SPOT Shelter, and my rights regarding health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy or a summary of the most current version of shelter's Notice of Privacy Practices will be posted in the waiting/reception area.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that the Garden SPOT Shelter is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

By: _____

Date _____

(Client)

OR

By: _____

Date _____

(Client representative)

Description of Representative's Authority

Witnessed By: _____

Date _____

(Client representative)