



hope & help

NOTICE OF PRIVACY PRACTICES

UPDATED: 2/11/2021

I, _____, have received a copy of Hope & Help's "Notice of Privacy Practices." I understand that Hope & Help may need to use and or disclose information about my health, wellness, and or medical conditions to other parties involved in my medical care. Hope & Help may use and or disclose my health information for the following purposes: arranging, conducting, and or referring medical treatments; obtaining payment for the services rendered to me; and for the general operations of the practice. Hope & Help reserves the right to modify the privacy practices outlined in this notice.

I consent to the use of my information for the purposes of treatment, payment, and healthcare operations.

Patient Signature

Date

Parent or Guardian Signature

Date