



**MY HOUSE CLINIC
ACKNOWLEDGEMENT OF RECEIPT OF
SUMMARY NOTICE OF PRIVACY PRACTICES**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this receipt. By signing this receipt, you consent to use and disclosure of PHI about you for treatment, payment and health care operations. My House Clinic (MHC) provides this receipt to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I have received a copy of the Summary Notice of Privacy Practices. I understand that I may also request a copy of MHC's complete Notice of Privacy Practices.

Printed Name of Participant or Legal Representative

Date

Signature of Participant or Legal Representative

Date

Legal Representative/Relationship to Participant