

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Home at Heart Care, Inc.
P.O. Box 183
Clearbrook, MN 56634

I hereby acknowledge receipt of the Home at Heart Care, Inc. ("H@HC") Notice of Privacy Practices ("Notice") as of the date set forth below. I understand that, under the Health Insurance Portability and Accountability Act (HIPAA); the Standards for Privacy and Security of Individually Identifiable Health Information promulgated at 45 CFR Parts 160 and 164 and the Minnesota Data Privacy Act, I have or may have certain rights to privacy regarding my protected health information. Notwithstanding such rights, I also understand and hereby agree and acknowledge my protected health information can and will be used to:

- Conduct, plan and direct my treatment, care and follow-up among any and all health care providers who may be or have been involved in that treatment, whether directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations, including without limitation quality assessments and physician certifications.

I further acknowledge that the Notice contains a complete and detailed description of the potential uses and disclosures of my protected health information, to all of which I hereby consent. I understand that H@HC has the right to change the Notice and its policies and procedures regarding protected health information at any time and from time to time and that I may contact H@HC at any time at the address indicated above to obtain a current copy of the Notice.

I understand that I may request in writing delivered to the above address that H@HC restrict use and disclosure of my protected health information in carrying out treatment, payment and/or health care operations. I also understand that H@HC is not required to agree to my requested restrictions, but that if H@HC does so agree, then H@HC is bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

- I hereby consent to delivery of the Home at Heart Care Notice of Privacy Practices, and all amendments thereto, by electronic mail communication at the following address: _____.**