

BUFORD COMPLETE HEALTH AND WELLNESS CENTER

PRIVACY POLICY ACKNOWLEDGEMENT STATEMENT

I hereby acknowledge that I have been made aware that Buford Complete Health and Wellness Center has a Privacy Policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of Buford Complete Health and Wellness Center, I understand and acknowledge the following:

1. Buford Complete Health and Wellness Center has a privacy policy in effects in their offices.
2. Buford Complete Health and Wellness Center has made this policy available to me for review by placing a complete version in a binder that resides in the waiting room and/or by placing a poster version of this policy in the waiting room or similar common area with patient access.
3. Buford Complete Health and Wellness Center has made me aware, that as a patient I am entitled to a copy of this Privacy Policy if I desire a copy for my personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the privacy policy implanted by Buford Complete Health and Wellness Center and have read and understand the acknowledgment form. If you desire a copy of the Privacy Policy, please request one at this time.

_____ **NO, I do not want a copy**, but acknowledge the Privacy Policy Exists

_____ Yes, I DO want a copy of the Privacy Policy

Print Patient Name _____

Signature of patient or legal guardian _____

Date _____

For more information contact Buford Complete Health and Wellness Center Compliance & Privacy Officer at (678) 714-1103.