

Vitalis Naturopathic Centre, INC

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Vitalis Naturopathic Centre
HIPAA Release Form

Vitalis Naturopathic Centre, INC is concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

I acknowledge that I have received the Notice of Privacy Practices for:
Vitalis Naturopathic Centre, INC

Name of Patient (PRINT) _____

Signature of Patient or Authorized Representative

Date