



Notice of Privacy Practices Patient Acknowledgement

Patient Name: _____

Date of Birth: _____

I acknowledge that I am aware of Better Me Healthcare's Notice of Privacy Practices, written in plain language, which is posted online in the Patient Portal at www.bettermehealthcare.com. I understand that a hardcopy will be provided to me upon request or I may access it online at anytime. The notice provides, in detail, the uses and disclosures of my protected health information (PHI) that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information residing at, or controlled by, this practice. If changes to the policy occur, it will be updated in the Patient Portal on our website.

Patient/Guardian Signature: _____

Date: _____