



Heal n Cure, SC
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Acknowledgement Of HIPAA Laws

I _____, hereby acknowledge the receipt and complete understanding of Notice Of Privacy Practices of Heal n Cure, SC which provides detailed information about how the practice may use and disclose my confidential information.

I understand that Heal n Cure has reserved the rights to change its privacy practices that are described in the Notice. I also understand that a copy of any revised notice will be provided to me or made available at the subsequent visit to the clinic.

Signature: _____ Date: _____

If you are not the patient, please verify your relationship to the patient.

Relationship to Patient: _____

Signature: _____ Date: _____