



Raven Weight Loss Clinic
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St. Augustine, FL 32095
(904) 852-1960

HIPAA PRIVACY NOTICE

This form is intended for the use and / or disclosure of Protected Health Information (PHI) when providing or seeking treatment, payment, and healthcare operations.

1. This privacy notice contains a thorough and complete description of the uses and / or disclosures of my protected health information ("PHI") which are necessary to provide me with treatment, and which are also necessary for the Practice to obtain payment for that treatment and to perform other healthcare operations. I have been informed that, upon my request, the privacy notice will be made available to me. Prior to signing this Agreement, the Practice advised me of my right to obtain a copy of the Privacy Notice and has encouraged me to read it in its entirety, in accordance with applicable law.
2. To Protect your privacy and to remain in compliance with applicable law, the Practice reserves the right to Change the practices depicted in its Privacy Notice.
3. I am aware that the Practice's "Notice of Privacy Practices" is displayed in the waiting area and that I am free to request a copy of the same at any time.
4. The Notice of Privacy Practices Contains my rights, as well as the duties and obligations of this office as it relates to my protected health information.

The following individuals have my permission to call and speak with the doctor or staff on my behalf.

Name:

Relationship

Name of Patient (Printed)

Signature of Patient

Date: _____