



Integrative Family Wellness

www.ifwcenter.com

Notice of Privacy Practices

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients’ consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

You may refuse to consent to the use or disclosure of your Personal Health Information (PHI), but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, at some future time you may request to refuse all of part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

Print Name: _____

Signature: _____ Date: _____

I give permission for the following people to receive and/or discuss my medical information with

Dr. Nickels: _____



Integrative Family Wellness

I agree and understand that by entering my name on each these documents, it is the legal equivalent of my manual/ handwritten signature and that I consent to be legally bound to this agreement.

Name:

Date: