

PRIVACY PRACTICES/HIPAA

We maintain a record of the health care services that we have provided to you. We will share this information, as permitted by law, to provide you with medical treatment, run our organization, and bill for these services. You have the right to view and obtain a copy of your medical records if needed. Our Notice of Privacy Practices document describes in more detail your rights to your health information and how this information may be used and disclosed.

A copy of our Notice of Privacy Practices is available upon request. Sharing of your health information is typically used to improve the continuity of care that you receive.

APPOINTMENT REMINDERS, RESCHEDULES AND CANCELLATIONS

KenkoDo Clinic communicates with our patients in many ways. Under HIPAA and privacy laws, we need your permission to communicate with you electronically. We need to confirm that you understand that electronic communication, while convenient, is inherently not secure.

I understand the Company can reach me any time to remind me of my appointments or let me know in case of any change about my appointments. And I also understand that the Company can employ and use a third-party automated system to reach out to me for the purpose of confirming appointments. I consent to the use of mobile phone communications.

Yes No

I consent to the use of texting (messages) communications.

Yes No

I give my consent to KenkoDo Clinic to communicate with me via mobile phone, messages, e-mail and any kind of online communications, provided that these communications comply with privacy regulations.

I acknowledge that I have had the opportunity to reviews the privacy practices/HIPAA policy.

Signature

Date
