

5 Elements MedSpa at Newcare
4551 West US Highway 90
Lake City, FL 32055
386-389-0261



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the **Health Insurance Portability and Accountability Act of 1996 ("HIPAA")**, I have certain rights to privacy regarding my protected health information. I understand that this information may be used to:

- Conduct, plan, and direct my treatment and follow-up among the healthcare professionals involved in my care directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments, certifications, and administrative tasks.

I acknowledge that I have received, read, and understand your **Notice of Privacy Practices**, which provides a more complete description of the uses and disclosures of my health information.

I understand that **5 Elements MedSpa at Newcare** reserves the right to change its Notice of Privacy Practices at any time. I may contact the MedSpa at the address provided to obtain a current copy.

I understand that I may submit a written request to restrict how my protected information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand that **5 Elements MedSpa at Newcare** is not required to agree to my requested restrictions, but if they do agree, they are bound by that agreement.

Patient Name (Print): _____

Person Authorized to Obtain My Medical Information:

Signature of Patient or Designated Power of Attorney:

Date: _____