

***PranaTonic***  
**1224 Washington Ave. #210**  
**Golden, CO 80401**

**Patient Acknowledgement Consent Form**

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. The Notice contains a patient Rights section describing your rights under the law. You have the right to review our notice before signing this form. The terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting this office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent, PranaTonic provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient acknowledges that: (please initial each line)

\_\_\_ PranaTonic has a Notice of Privacy Practices and that the patient has received a copy of this notice and opportunity to review this notice.

\_\_\_ Protected Health Information may be disclosed or used for treatment, payment or healthcare operations.

\_\_\_ PranaTonic reserves the right to change the Notice of Privacy Practices.

\_\_\_ The patient has the right to restrict the uses of their protected health information, however PranaTonic does not have to agree to those restrictions.

\_\_\_ The patient may revoke this Consent in writing at any time, and all future disclosures will then cease.

\_\_\_\_\_  
Name of Patient or Patient Representative (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Relationship to Patient (if other than patient)