

Babette Maiss, CMT,CLT,CMF
13 Williamsburg
Chico, CA 95926
530-321-566

Acknowledgement of Receipt of Privacy Practices

I certify that I have been offered/am aware of Babette Maiss, CMT,CLT,CMF Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of “Babette Maiss, CMT,CLT,CMF” health care operations. The Notice of Privacy Practices also describes my rights and Babette Maiss, CMT,CLT,CMF duties with respect to my protected health information. The Notice of Privacy Practices is posted in the waiting area and on Babette Maiss,CMT,CLT,CMF website at www.babettemaissmassage.com Babette Maiss, CMT,CLT,CMF reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing Babette Maiss, CMT,CLT,CMF website.

Acknowledgement of Receipt of Notice of Privacy Practices

Signature of Patient or Personal Representative _____

Date: _____

I refuse to sign this form _____

If other than patient/Description of Personal Representative’s Authority
The following individuals may have access to my Account/Private Health Information:

Spouse Child/Children Parent(s) Guardian(s) Other
Name(s):_____

Medical Information Release

I understand and authorize any holder of medical information about me to be released to Babette Maiss,CMT,CLT,CMF Mastectomy Fitter any information needed to determine benefits or the benefits payable for the related services. I understand that the below signatures(s) authorizes release of medical information necessary to pay the claim.

Signature of Patient or Personal Representative _____