thrive
wellness center
647 N. Wyoming Ave, Kingston, PA
570.283.0111

# Client Privacy Acknowledgement

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

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved directly and indirectly in that treatment.
- Obtain payment from third-party payers (if applicable).
- Conduct normal healthcare operations such as quality assessments and practitioner certifications (if applicable).

I have been informed by Thrive Wellness Center, LLC of the *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices.*

I understand that I may request in writing that you may restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand Thrive Wellness Center, LLC is not required to agree to my requested restrictions, but if Thrive Wellness Center, LLC does agree then Thrive Wellness Center, LLC is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that Thrive Wellness Center, LLC has taken action relying on this content.

Client / Guardian: _____

Signature: _____

Date: _____