

HIPAA PRIVACY NOTICE AND ACKNOWLEDGMENT FORM

I acknowledge that I have received and read the HIPAA Privacy Notice from MindfulGen (AKA Mindful Generation) regarding the use and disclosure of my protected health information (PHI). I understand the following:

1. USES AND DISCLOSURES OF PHI:

- a. MindfulGen may use and disclose my PHI for treatment, payment, and healthcare operations purposes. This includes sharing information with other healthcare providers involved in my treatment and processing insurance claims.

2. PRIVACY RIGHTS:

- a. I have the right to request restrictions on certain uses and disclosures of my PHI. However, MindfulGen is not obligated to agree to these restrictions. I also have the right to request confidential communications and access to my PHI, as outlined in the HIPAA Privacy Notice.

3. NOTICE OF PRIVACY PRACTICES:

- a. I have received a copy of the Notice of Privacy Practices, which provides more detailed information about how MindfulGen collects, uses, and protects my PHI. It explains my rights and the procedures for exercising those rights.

4. AUTHORIZATION FOR OTHER USES AND DISCLOSURES:

- a. Any use or disclosure of my PHI beyond what is outlined in the HIPAA Privacy Notice will require my written authorization. I understand that I have the right to revoke this authorization at any time, except to the extent that MindfulGen has already relied on it.

5. PROTECTION OF PHI:

- a. MindfulGen maintains reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy and security of my PHI, as required by HIPAA.

I hereby acknowledge that I have read and understood the above information, and I have been provided with a copy of the HIPAA Privacy Notice from MindfulGen.

Client's Signature: _____ Date: _____