

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

L.E.A.N. CONSULTING
13506 Arbolado Ct.
Bakersfield, CA 93314
(661) 397-LEAN (5326)

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of L.E.A.N. Consulting "NOTICE OF PRIVACY PRACTICES."

As required by the Privacy Regulations, Tricia Bland, from L.E.A.N. Consulting has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that L.E.A.N. Consulting has included a provision that it reserves the right to change the terms of its notice, and to make the new notice provisions effective for all protected health information that it maintains.

Request: (Check only if you have stated specific request, otherwise sign and print name below):

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following in the "Notice of Privacy Practices."

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature _____ Date _____

Print Name _____ Date _____

Signed form received by _____ Date _____

Good faith effort to obtain receipt -
(Describe) _____
