



# Patient Acknowledgement of Receipt of Policy

Should be kept in the Client's Charts

## Privacy Policy of Blissful Wellness Medical

### Weight Loss Centers, LLC (And any of its affiliates, subsidiaries or assignee)

*In order to protect the privacy of our patients and the confidentiality of their medical records, we adhere to certain specific rules and procedures. Please read this entire document so that you may be familiar with our policies.*

## Your information

Everything about your treatment with us is held in the strictest confidence. Our employees will not discuss anything about you with other patients, outsiders, their friends, their families, etc. They will only discuss with our other employees those matters concerning you that are necessary for the routine business of our offices.

We will not furnish any information concerning you to any person who makes inquires about you, whether in person, by phone, by fax, by e-mail, or by any other means of communication. This (perhaps unfortunately) extends to your family members, husbands, wives, friends, insurance companies, employers, etc.

Be assured that we will do everything necessary to keep your records from prying eyes.

If these rules seem overly strict, remember they are for your protection, and that we would rather err on the side of too much caution than too little.

## Copies of Medical Records

You may always have access to your records.

We will only furnish copies of your medical records, either all or a part of them, to you personally. We will not mail them, fax them, send them by e-mail, or transmit them by any other method. They will be delivered in hand to you, and you will be asked to sign for them. We will not hand them to anyone else. You are then free to distribute them to whomever you wish. This applies to copies of your records regarding you, etc. This insures that no one will get any information about you unless it comes directly from you.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

*Client Signature or person with authority to consent for Client*