



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

I certify that I have been notified and have the option to obtain a copy of Balanced Hormone Health and Wellness, LLC (BHH)'s ("Practice") Notice of Privacy Practices, which is available upon request. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that may occur in my treatment, payment of my bills, or in the performance of the Practice's health care operations. It also describes my rights and the Practice's duties regarding my protected health information. I understand that I have the right to request restrictions on how my protected health information is used.

## CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATIONS

Balanced Hormone Health and Wellness, LLC (BHH) is a telemedicine company. BHH is a private company and reserves the right not to provide treatment. I (the patient) give consent to participate in telemedicine consultations. Telemedicine consultations involve the use of audio, video, or other electronic communications to interact.

To participate in BHH's program, I must be able to communicate via:

- video calls
- phone calls
- text messages
- email

BHH has taken the following steps to ensure the privacy of telemedicine consultations:

- HIPAA-compliant software through our electronic medical record (EMR)
- Encryption of data stored on local/company devices
- Password-protected data files

BHH reserves the right to change the privacy practices described in the Notice of Privacy Practices. I may obtain a revised Notice by calling the office and requesting a mailed copy or by asking for one at my next appointment.

I give BHH my consent to use or disclose my protected health information to carry out my treatment.

# Balanced Hormone Health and Wellness, LLC (BHH)