



Abundant Life Health Care

The complete balance of health, energy & wellness you can trust.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide to you. You may ask to see and copy that record at any time. We will not disclose your record to others unless you direct us to do so in writing, or as required by law.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

****This notice is available in our office for your review****

I request to be contacted in the following matter (check all that apply).

Home Telephone _____

Written Communication

OK to leave message w/detailed info.

OK to mail to home address.

Leave message w/call back number.

Other _____

Work Telephone _____

I give permission to ALHC to release
medical/billing info to family member

OK to leave message w/detailed info.

Leave message w/call back number.

Patient Initials _____

By my signature below, I acknowledge I have been informed of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date Time

Printed name if signed on behalf of the patient

Relationship to patient

This form will be retained in your medical record.

1617 W. Jefferson, Boise, Idaho 83702

(208) 433-9188 ph.

(208) 433-9372 fax