



Northern Virginia Natural Health

2212 Mt. Vernon Ave
2nd Floor Suite
Alexandria, VA 22301

NVNH is required to provide you with a copy of its “Notice of Privacy Practices” document, and to obtain written acknowledgement, if possible, that you have received it. The notice outlines the types of uses and disclosures that may occur involving your protected health information. It also describes your rights and explains how you may exercise those rights.

I understand that my protected health information can and will be used to:

- Provide and coordinate my treatment among health care providers
- Conduct normal health care operations such as quality assessment and improvement activities.

I understand that my provider has the right to change the Notice of Privacy Practices and that I may request a current copy at any time.

My signature below acknowledges that I have: *(please check one box)*

- Been offered a copy of the “Notice of Privacy Practices” document and have accepted that copy.
- Been offered a copy of the “Notice of Privacy Practices” document and have declined to take a copy. I understand that I may request a copy at any time in the future, and will be granted a current copy upon request.

Patient Signature

Date

Guardian / Representative’s Signature

Date

Relationship to Patient

OFFICE USE ONLY:

I hereby affirm that Northern Virginia Natural Health has made a good faith effort to provide a copy of the Notice of Privacy Practices document to the above named patient, and to obtain written acknowledgement of such.

Staff Initials _____

- Patient was offered form but refused to sign
- Patient was physically unable to sign acknowledgement
- Communication barriers
- Other _____