



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE & CONSENT DISCLOSURE

(For the usage and/or Disclosure of Protected Health Information)

By signing this form, you are acknowledging that HERS Breast Cancer Foundation has given you a copy of our **Notice of Privacy Practices**, which explains how your health information will be handled in various situations. You also acknowledge that HERS Breast Cancer Foundation has given you the chance to discuss your questions and concerns about the privacy of your health information.

You are also giving consent to HERS Breast Cancer Foundation to use and disclose your protected health information for the purposes of treatment, payment and health care operations.

Date: _____

Patient Name: _____

Patient Signature: _____