

Acknowledgement

I certify that I have received the Doctor's Weight Control Office Insurance Portability and Accountability Act (HIPPA) information as is required by law to begin by 4/14/03. I understand that it is my responsibility to read through the given information, make any requests, and provide documentation that may protect my confidentiality within this practice.

Please read the list below and make any requests at this time. If no request or correction is made, the procedure will remain as written.

- 1 Doctor's Weight Control reserves the right to call the given home/work phone number to confirm scheduled appointments the day prior to scheduled appointment: _____

- 2 If upon calling, we receive a voice mail message, we will say that we are calling to confirm an appointment with Dr. Bartemus with the scheduled time.

Name (Print): _____

Signature: _____

Date: _____

Staff Signature: _____

Date: _____