noha, llc
new & old health alternatives
720-629-4211 ♦ www.noha.co

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

With my consent, *noha, llc* may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

Please refer to *noha, llc's* Notice of Privacy Practices for more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices prior to signing this consent.

With my consent, *noha, llc* may call my home or any other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, *noha, llc* may mail to my home or other designated location any items that assist the practice carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked as personal and confidential.

With my consent, *noha, llc* may email me appointment reminders and patient's statements.
I have the right to request that *noha, llc* restrict how it uses or discloses my PHI to carry out TPO.

By signing this form, I am consenting to *noha, llc's* use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, *noha, llc* may decline to provide treatment to me.

I, _____, hereby acknowledge that I read and reviewed a copy of *noha, llc's* Notice of Privacy Practices and fully understand this consent form.

I am consenting to the use and/or disclosure of my health information to treat me and arrange for my medical care. I am consenting to be treated.

PATIENT SIGNATURE_____ DATE_____