

VITA

• Ageless Medical Aesthetics •

PATIENT ACKNOWLEDGMENT FORM

Our **Notice of Privacy Practices (Notice)** provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgment and may receive a copy by asking the receptionist at the front desk. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that you have read the Vita Policy and Procedures form, and that you understand the contents of the Vita Policy and Procedures form and how it applies to you. This includes our payment policy which advises that payment is due at time of service. Vita Ageless Medical Aesthetics reserves the right to collect on any unpaid debt via credit card on file and patient may be subject to interest and/or collection agency/attorney fees. Our cancellation policy requires 24 hour notice. If this policy is not met you may incur additional fees.

We also have a **Notice of Patient Rights and Responsibilities** which details your rights, responsibilities and contains information on how to file a grievance if you feel your rights have been violated. You have the right to receive and review our notice before signing this acknowledgment and may receive a copy by asking the receptionist at the front desk. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy. By signing this form, you acknowledge that you have been informed of your rights and responsibilities for all of the purposes set out in our Notice.

By signing this form, you acknowledge that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Patient Name: _____

Patient Signature: _____ Date: ___/___/___

If patient is a minor (under 18 years old) the Parent / Legal Guardian authorization is required:

Parent / Legal Guardian Signature: _____ Date: ___/___/___

Printed Name: _____ Relationship _____

Physician Signature _____ Date: ___/___/___