

COMBINED ACKNOWLEDGEMENT AND CONSENT

**New River Family Wellness, PLLC
420 East Second Street, West Jefferson, NC 28694**

This is an acknowledgement of notice, and consent to use and disclose health information. Read before signing the acknowledgement and consent below.

- A. Acknowledgement and Consent.** This acknowledgement of notice and consent authorizes New River Family Wellness, PLLC to use and disclose health information about you for treatment, payment, and healthcare operations purposes.
- B. Notice of Privacy Practices.** New River Family Wellness, PLLC has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.
- C. Amendments.** We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date if the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.
- D. How to contact our Privacy Officer.**
 New River Family Wellness, PLLC
 Attention: Privacy Officer
 420 East Second Street
 West Jefferson, NC 28694

I have received the Notice of Privacy Practices of New River Family Wellness, PLLC and authorize them to use and disclose health information for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices for:

Patient(s) Name(s)

Signature of Patient (or Representative)

Date

Name of Representative

Relationship