



HealthVisionsMD, Inc.

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Notice of Privacy Practices Acknowledgement

HealthVisionsMD, Inc. (“HealthVisionsMD”) will provide you with a Notice of Privacy Practices that explains our privacy practices and your rights regarding your health information. The first time you receive care at HealthVisions, you will receive a copy of our current Notice and a request to acknowledge its receipt. HealthVisionsMD may need to change its privacy policies and practices from time to time and will update the Notice accordingly.

If you would like a paper copy of our Notice, you may ask for a copy. The Notice is also available on our website for your convenience. Simply click on the Notice button to view and print a copy of our current Notice.

By signing this document, you agree that the Notice has been made available to you to view and you have been given the means, if you choose, of obtaining a copy of this notice.

If you are signing on behalf of a minor, incapacitated or otherwise legally dependent patient, please sign as the “Authorized Representative” below and indicate your relationship to the patient. By signing this form as “Authorized Representative” on behalf of the patient, you represent to HealthVisionsMD that you have legal authority to act on behalf of the patient.

Patient Name (please print)

Patient Signature

Date

Co-Signature Name (please print)

Co-Signature

Date

Authorized Representative Name (please
print) /Relationship to Patient

Authorized Representative
Signature

Date

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