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HIPAA Notice of Privacy Practices

I hereby consent to the use and disclosure of my protected health information by Eveningstar Natural Health for the purpose of treatment, payment and health care operations, or as otherwise required by law.

Eveningstar Natural Health has posted their Notice of Privacy Practices which provides more detailed information about the usage and disclosure of my protected health information. I have a right to review the Notice prior to signing this consent and to receive a printed copy of the Notice.

I have the right to request restrictions to the usage and disclosure of my protected health information.

I have the right to request an alternative to the standard method of communication of my protected health information.

I have the right to revoke this consent, in writing, at any time. Revocations will be honored as of the date they are received by Eveningstar Natural Health at the following address: 1750 SW Harbor Way, Suite 245, Portland OR 97201.

I understand that while Eveningstar Natural Health may honor these requests, they are not required by law to do so.

I am aware that Eveningstar Natural Health reserves the right to change the terms of their Notice of Privacy Policy and to make a new Notice of Privacy Practices provisions effective for all protected health information that they maintain. In the event of amendments, Eveningstar Natural Health will make available a revised Notice of Privacy Practice for my review.

Patient's signature

Date

Representative's signature

Date

Relationship to patient