Terri Clinton Dichiser, JD, MA, LCPC, NCC,
Take Charge Inc.
14700 Metcalf Avenue, Suite 100, Overland Park, KS 66223
(913) 239-TALK (8255)

PATIENT ACKNOWLEDGMENT

I understand that the patient's health information is private and confidential. I understand that Take Charge, Inc. works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Take Charge, Inc. may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. (In general, there are not other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.)
Take Charge, Inc. has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice of Privacy Practices". At my request, Take Charge, Inc. will provide me with the most current "Notice of Privacy Practices".

Within the Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records: restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods of communications or alternative locations.
Take Charge, Inc. has established procedures which help them meet their obligations to patients. Their procedures may include other signature requirements, written acknowledgements information, charges for copies and non-routine information needs, etc. I will assist Take Charge, Inc. by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".
My signature below indicates that I have been given the chance to review a current copy of Take Charge, Inc. “Notice of Privacy Practices".

_____

Patient or legally authorized individual signature Date Time

_____

Relationship to patient if signed by anyone other than the patient