



## PATIENT ACKNOWLEDGMENT FORM

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_

I understand that the patient's health information is private and confidential. I understand that Oxygen Oasis Hyperbaric Wellness Center, LLC works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I also understand that I have certain rights as a patient and that Oxygen Oasis Hyperbaric Wellness Center, LLC is committed to upholding my rights as a patient.

Oxygen Oasis Hyperbaric Wellness Center, LLC has detailed documents called the "Privacy and Your Health Information" and "Know Your Rights as a Patient". They contain information about the policies and practices of Oxygen Oasis Hyperbaric Wellness Center, LLC and their employees and contacted employees in protecting the patient's privacy and patient's rights, and are available to all patients.

Oxygen Oasis Hyperbaric Wellness Center, LLC may update this Acknowledgment and "Privacy and Your Health Information". If I ask, Oxygen Oasis Hyperbaric Wellness Center, LLC will provide me with the most current "Privacy and Your Health Information".

Contained within "Privacy and Your Health Information" is 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; and receiving an accounting of disclosures as required by law

Oxygen Oasis Hyperbaric Wellness Center, LLC has established procedures which help them meet their obligations to patients. These procedures may include other signature requirements, written acknowledgments and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs, etc. I will assist Oxygen Oasis Hyperbaric Wellness Center, LLC by following these procedures if I choose to exercise any of my rights described in the "Privacy and Your Health Information".

My signature below indicates that I have been given the chance to review a current copy of "Privacy and Your Health Information" and "Know Your Rights as a Patient", provided to me by Oxygen Oasis Hyperbaric Wellness Center,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Relationship to patient if signed by anyone other than the patient  
(Parent, legal guardian, personal representative, etc.)