

Notice of Privacy Practices Attestation

I acknowledge that I have read and have been offered a copy of the Notice of Privacy Practices form from Heart to Hand, Inc. The acknowledgments on this form will expire one year from the date it is signed unless a shorter time is indicated here: _____.

Printed Name

Signature

Date

Questions or complaints about the federal privacy policy and security regulations or policies and procedures relating to these federal regulation should be directed to our Privacy and Security Officer, Kem Tolliver, CMPE, CPC, CMOM by phone at (301) 772-0103 or via email at: info@medrevenuecycle.com