MINDSPACE INTEGRATED CARE LLC

HIPAA Notice of Privacy Practices — Acknowledgement

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Acknowledgement

I acknowledge that I have been offered a copy of Mindspace Integrated Care LLC's Notice of Privacy Practices, which describes how my protected health information (PHI) may be used and disclosed.

I understand I have the right to review the Notice before signing.

I understand I may request restrictions on certain uses and disclosures and that the practice is not required to agree to those restrictions.

Contact Preferences

Preferred method of contact (call / text / email / portal): _____

May we leave a detailed voicemail? ■ Yes ■ No

May we contact you at work? ■ Yes ■ No

Signature: _____ Date: _____