Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received or been given the opportunity to review a copy of Bioworks Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Bioworks health care operations. The Notice of Privacy Practices also describes my rights and Bioworks duties with respect to my protected health information. The Notice of Privacy Practices is posted in the Bioworks waiting room or waiting area and on the Bioworks website www.gobioworks.com.

Bioworks reserves the rights to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the main office, at (513)793-7335 and request a revised copy be sent in the mail, asking for one at the time of my next appointment,or accessing Bioworks website www.gobioworks.com.

Patient Consent for Purposes of Treatment, Payment and Healthcare Operations

By signing this form,I consent to the use or disclosure of my protected health information by Bioworks,Inc. for the purpose of providing treatment to me, obtaining payment for my health care bill or to conduct Bioworks health care operations.I understand that I have the right to revoke this consent,in writing, at any time, except to the extent that Bioworks has taken action in reliance on my prior consent.

My “protected health information” means any of my written and oral health information, including my demographic data that can be used to identify me, that has been created or received by Bioworks, and that relocates to my past, present or future physical or mental health or conditions.

I understand I have the rights to review Bioworks, Notice of Privacy Practices prior to signing this document.This Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of our health care operations. The Notice of Privacy Practices also describes my rights and Bioworks duties with respect to my protected health information. The Notice of Privacy Practices is posted in the waiting room or the waiting areas and will be on Bioworks website www.gobioworks.com

As noted in Bioworks Notice of Privacy Practices, Bioworks reserves the right to change the privacy practices that are described in the Notice. I understand that I may obtained a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment or accessing Bioworks website www.gobioworks.com.

I understand I have the right to request restrictions as to how my protected health information is used or disclosed to carry out treatment, payment or our health care operations. Bioworks is not required to agree to the restrictions that may request, but if it does, it is bound by its agreement.

I understand that diagnosis or treatment of me by Bioworks may be conditioned upon my consent as evidenced by my signature on this document.

_____

(Print) Name of Patient or Personal Representative Date

_____

Signature of Patient or Personal Representative DOB of Representative

_____

Description of Personal Representative’s Authority