



HANDS ON HEALING

HIPPA COMPLIANCE

Any person who is performing data entry or involved in treatment of / observation of a patient at Hands-On Healing, LLC understands that all information regarding this patient is strictly confidential and cannot be used or discussed in any way outside of this office. This includes name, address, contact information, medical information, or any observed incidences.

I have read the above and agree that I will comply with this statement.

(NAME PRINTED)

(SIGNATURE)

(DATE)