



Veni-Phleb Mobile, LLC Patient Acknowledgement of HIPAA Privacy Practices

Patient: _____

D.O.B.: _____

Today's date: _____

I understand in with agreement with Veni-Phleb Mobile, LLC that I am contracting this company to obtain my samples and my information for the purpose of diagnosis, treatment, and payment, when necessary. By signing this form, I am acknowledging that I have received a copy signed copy of this HIPAA consent form for my documentation and record keeping. Prior to signing, I had an opportunity to read, review, and ask questions about the intent of this form.

Veni-Phleb Mobile, LLC will maintain a record of your service visits solely for the purpose of coordinating care with my medical provider and obtaining payment for the services rendered. I provide Veni-Phleb Mobile, LLC consent to act on my behalf with respect to the transmission of my information for the stated purposes. If I would like to revoke this consent at anytime, I will provide Veni-Phleb Mobile, LLC with written notice.

Patient (if under 18, adult Representative):

Today's date:
