

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR

I Ola Lāhui, Inc.

I have read the Notice of Uses and Disclosures of Protected Health Information (the “Notice”) that is posted in your office. I was informed that I may also obtain a printed copy of the Notice from my healthcare provider.

Name (Print)

Signature

Date

I have been given the opportunity to read the notice of the Notice of Uses and Disclosures of Protected Health Information (the “Notice”) that is posted in your office. I elect to decline the opportunity to do so. I was informed that I may obtain a printed copy of this Notice from my healthcare provider.

Name (Print)

Signature

Date