



## **MEND & RESTORE LLC Wound Care Mobile Practice Privacy Policy Acknowledgment Form**

### **Client Information**

- **Client Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **City, State, Zip:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

### **Privacy Policy Overview**

At Mend & Restore, we are committed to protecting your privacy and ensuring the confidentiality of your personal information. This privacy policy outlines how we collect, use, and safeguard your information in accordance with applicable laws and regulations.

### **Information We Collect**

We may collect the following types of information:

- Personal identification details (name, address, phone number, email)
- Medical history and treatment information
- Insurance information
- Payment information

### **How We Use Your Information**

Your information may be used for:

- Providing wound care services
- Billing and payment processing

- Communicating with you about your care
- Compliance with legal and regulatory requirements

### **Confidentiality and Security**

We take reasonable measures to protect your personal information from unauthorized access, use, or disclosure. We will not share your information with third parties without your consent, except as required by law.

### **Your Rights**

You have the right to:

- Access your personal information
- Request corrections to your information
- Withdraw consent for the use of your information, subject to legal requirements

### **Acknowledgment of Privacy Policy**

By signing below, you acknowledge that you have received and read the Mend & Restore Privacy Policy. You understand how your personal information will be used and your rights regarding that information.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_

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