

ACUPUNCTURE WELLNESS CENTER

ACKNOWLEDGEMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”

I have reviewed a copy of the office’s Notice of Privacy Practices.

_____ Print Patient Name

_____ Signature (Parent, if patient is minor)

OK to share information with _____ (spouse,
translator, etc.)

Date: _____

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining
- An emergency situation prevented us from obtaining
- Other (please specify) _____