

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT



Acupuncture & Alternative Medicine Clinic
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(610) 285*8228

- ❖ We keep a record of the health care services we provide you.
- ❖ You may see and copy that record.
- ❖ You may correct that record.
- ❖ We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.
- ❖ You may see your record or obtain more information about it by contacting the Office Manager/ HIPAA Offices.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

Your signature below is acknowledgement that you have been provided with a copy of our Notice of Privacy Practices to read.

Patient or legally authorized individual signature

Date

Time

Printed name and signed on behalf of the patient

Relationship (Parent, legal guardian representative)

Witness/ Staff Member

(Notation, if any, by staff)

This form will be retained in your medical record.