Health Wise Acupuncture

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's
Print Name
Notice of Privacy Practices.

_____

Signature

_____

Date

****

For office use only

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

☐ Individual refused to sign

☐ Communication barriers prohibited obtaining the acknowledgement

☐ And emergency situation prevented us from obtaining acknowledgement

☐ Other (specify)

_____

_____