

Acknowledgement of Receipt of: Notice of HIPPA Privacy Practices

1. As required by the HIPPA privacy Regulations, I hereby acknowledge that I have received a copy of Notice of HIPPA Privacy Practices.
2. As required by HIPAA Privacy Regulations, staff/ practitioner(s) at Chinese Acupuncture & Herb Center has explained the Notice of HIPAA Privacy Regulations to my satisfaction. As required by the HIPAA regulations, I am aware that the practitioners from Chinese Acupuncture & Herb center has included a provision that it reserves the right to change the terms of its notice and to make those changes effective for all protected health information that it maintains.

RELEASE OF INFORMATION: I authorize to use and disclosure of health information that pertains to me for treatment, payment, or official operations. I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected. In addition I authorize staff/practitioner(s) from Chinese Acupuncture & Herb Center to share findings/send reports to my family physician or other health care provider listed on my health history form.

I understand that I may revoke this authorization at any time by signing the revocation of my copy of this form and returning it to Chinese Acupuncture & Herb Center. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this authorization.

I understand this authorization will automatically expire at the end of my treatment cycle. I understand that I have the right to inspect and to obtain a copy of any information disclosed pursuant to this authorization. I understand that Chinese Acupuncture & Herb Center will receive compensation for the uses and disclosures that I have authorized.

I authorize staff/practitioner(s) at Chinese Acupuncture & Herb Center to leave any message necessary at my home/work in regards to any appointments, billing or insurance issues that any accuse.

I authorize Chinese Acupuncture & Herb Center to allow my spouse or anyone listed below to schedule or cancel an appointment on my behalf.

Patient's or Patient's Guardian's Name

Patient's or Patient's Guardian's Name Signature

Date