

## **Acknowledgement of Receipt of: Notice of HIPAA Privacy Practices**

1. As required by the HIPAA privacy Regulations, I hereby acknowledge that I have received a copy of Notice of HIPAA Privacy Practices.
2. As required by HIPAA Privacy Regulations,

Mr. /Mrs./ Ms. \_\_\_\_\_,

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.

Patient Name (print) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_