



799 Nelson Street  
Rockville, MD 20850  
301-838-0524/ 240-778-4568

1010 Vermont Ave. N.W. #501  
Washington, DC. 20005  
202-393-1203/ 240-778-4568

## **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 HIPPA Privacy Regulations,

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

has explained the Notice of HIPPA Privacy Regulations to my satisfaction. As required by the HIPPA 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 \_\_\_\_\_