

House Acupuncture & Herbs
Cheryl House, L.Ac.
2121 Ygnacio Valley Road, Suite E201
Walnut Creek, CA 94598

Acknowledgement of Receipt of the HIPAA Notice of Privacy Practices

Federal law requires that we obtain your written acknowledgement of receipt of the *Notice of Privacy Practices*. By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of House Acupuncture and Herbs. Our Notice provides information about how we may use and disclose the medical information that we maintain about you.

I request the following restrictions to the use of disclosure of my health information (optional):

I acknowledge that I have received the Notice of Privacy Practices.

X _____ X _____
Patient Signature Date

X _____
Patient Name (Print)

Legal Representative Name (Print) (if patient unable to sign)

Legal Representative Signature Date

