

Seven Star Acupuncture & Apothecary

Acknowledgement of receipt of Notice of Privacy Practices

I have received the NOTICE OF PATIENT PRIVACY PRACTICES, which describes how Seven Star Acupuncture & Apothecary may use and disclose my protected health care information to carry out treatment, payment of services, health care operations and other purposes that are allowed by law. This notice also describes my patient rights and requirements of Seven Star Acupuncture & Apothecary to protect my information.

Seven Star Acupuncture & Apothecary reserves the right to change the privacy practices that are described in the NOTICE OF PATIENT PRIVACY PRACTICES. All changes will be posted in the clinic. I understand that I may request a copy of this notice at any time and discuss its contents with the Privacy Officer.

The most current copy of this notice will posted in the clinic.

Signature of Patient or Personal Representative

Date

Printed name of Patient or Personal Representative

Description of Authority