

Healing With Grace

Acupuncture & Chinese Herbalism

www.HWGacupuncture.com | (619) 756-0517

HealingWithGraceAcupuncture@gmail.com

Acknowledgment of Receipt of the Notice of Privacy Practices

I hereby acknowledge that I have received a copy of the Healing With Grace Notice of Privacy Practices. I further acknowledge that a paper copy of the current Notice will be on file at all locations and will be available to me at my request during office hours.

By signing this form, I am granting consent to Healing With Grace employees to use and disclose my protected health information for the purposes of treatment, payment, and health care operations. I understand that the Notice of Privacy Practices provides more detailed information about how my protected health information is used and disclosed. I understand that I have a legal right to review the Notice before signing this document and have been encouraged to read it in full.

Additionally, I authorize:

- Messages may be left at the following phone number(s): _____
- Messages may be left at the following e-mail address(es): _____
- My condition (or my child's condition) may be discussed with my spouse/partner/significant other.
- My condition (or my child's condition) may be discussed with my entire immediate family.

Patient Signature: _____ Today's Date: _____

Name of Patient: _____

If the patient is a minor, the parent or legal guardian must sign below.

Signature: _____ Relationship: _____