

Web: www.womancare-acupuncture.com

Phone: (518) 288-8431

## **Receipt of Notice of Privacy Practices**

My signature below acknowledges I have read and understood the *Notice of Privacy Practices* for WomanCare Acupuncture & Herbs/Emily Rieffel, L.Ac.. I understand that this document provides an explanation of the ways in which my health information may be used and/or disclosed, and of my rights with respect to my health.

I have been provided with a copy of the *Notice of Privacy Practices* and have had the opportunity to discuss concerns I may have regarding the privacy of my health information.

Patient Name:	Date:
Patient (or Parent/Guardian) Signature:	
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Relationship to Patient:	

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