HIPAA ACKNOWLEDGEMENT AND SIGNATURE PAGE

Patient Acknowledgement of Receipt of Privacy Practices

I acknowledge that I have received, read, and understood the Notice of Privacy Practices (HIPAA Information Sheet) for Barbara A Mahler, LAc. I understand that this notice describes how my medical information may be used and disclosed, and how I can access this information.

Patient Name: _____ Signature: _____ Date: _____
Representative's Name (if applicable): _____ Relationship to Patient: _____

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