



HIPAA NOTICE OF PRIVACY PRACTICES

Written Acknowledgment Form Receipt of Notice of Privacy Practices

Go to our website: <https://inspiretherapeuticservices.com/hipaa>

or

ask for a brochure

I hereby acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices document or have been offered a copy of the HIPAA Notice of Privacy Practices but declined to accept the copy.

Signature of patient or patient's representative/parent/guardian:
