Nature Cure Clinic

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Acknowledgement of Receipt of this Notice

Nature Cure Clinic, (Bryan T. McConnell, DO, ND, PLC) is concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Tacknowledge that I have received the Notice of Privacy Prac	clices for Nature Gure Girlic.
Name of Patient:	
Please Print	
Signature of Patient or Authorized Representative	 Date