



NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

Seattle Acupuncture Wellness Center
10564 5th Avenue N.E., Suite 404
Seattle, WA 98125

- ❖ We keep a record of the health care services we provide you.
- ❖ You may ask to see and copy that record.
- ❖ You may also ask to correct that record.
- ❖ We will not disclose your record to other unless you direct us to do so or unless the law authorizes or compels us to do so.
- ❖ You may see your record or get more information about it by contacting the Office Manager / HIPAA Offices.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

Your signature below is acknowledgment that you have been provided with a copy of our Notice of Privacy Practices to read.

Patient or legally authorized individual signature

Date Time

Printed name and signed on behalf of the patient

Relationship
Parent, legal guardian, representative.

Witness/Staff Member

(Notation, if any, by staff)
This form will be retained in your medical record.