

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Policy for healthcare services in this office.

Acupuncture Health Services
86-15A 65th Dr.
Rego Park, NY 11374
718-459-1036

This practice has attempted to provide each patient with a statement of Privacy Policies.

Patient's Signature _____

Date _____