

**ACKNOWLEDGMENT 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

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Acupuncture Health Services  
151-35 78<sup>th</sup> St, Unit 1  
Howard Beach, NY 11414  
1-718-459-1036

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

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_