
MSSP Acupuncture Clinic

Acknowledgment of receipt of Notice of Patient Privacy Practices

I have received the NOTICE OF PATIENT PRIVACY PRACTICES, which describes how the MSSP Acupuncture clinic may use and disclose my protected health care information to carry out treatment, payment of services, health care operation and other purposes that are allowed by law. This notice also describes my patient rights and the requirements of the MSSP Acupuncture clinic to protect my health information.

MSSP Acupuncture Clinic reserves the right to change the privacy practices that are described in the NOTICE OF PATIENT PRIVACY PRACTICES. All changes will be posted in the clinic. I understand that I may request a copy of this notice at any time and discuss its contents with the Privacy Officer.

The most current copy of this notice will be posted in the clinic.

Signature of Patient or Personal Representative

Date

Printed name of Patient or Personal Representative

Date