

St Thomas Acupuncture

Krissy Girardi, LAc

Acknowledgement of Receipt of Privacy Policies

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Policies. As provided in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting us.

\_\_\_\_\_  
Patient's printed name

\_\_\_\_\_  
Patient's signature (or signature of personal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
THIS SECTION IS TO BE COMPLETED BY KRISSY GIRARDI, LAc IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgement

Other (specify): \_\_\_\_\_