

**NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT**

**LA Torrance Acupuncture Chinese Herbal Medicine**

- ❖ 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 others 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 us.

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 reviewed a copy of our Notice of Privacy Practices.

\_\_\_\_\_  
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

This form will be retained in your medical record.