

# Yang Acupuncture Clinic

778 B Street Suite B, Hayward, CA 94541

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of the medical practices' Notice of Privacy Practices.

I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate:

Relationship:

Parent or guardian of minor patient

Guardian or conservator of an incompetent patient

Beneficiary of personal representative of deceased patient

Name of Patient: \_\_\_\_\_