

Moore Acupuncture
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Acknowledgment of Receipt of the Notice of Privacy Practices

I have received the HIPPA Notice, which describes how Moore Acupuncture may use and disclose my protected health care information to carry out treatment, payment of services, health care operations, and other purposes that are allowed by law. This notice also describes my patient rights and requirements to protect my health information.

Signature:	Date:
Print Name:	DOB: