

GAINESVILLE HOLISTIC HEALTHCARE

Acknowledgement of Receipt of Privacy Practices Policy

I, _____, have received a copy of Gainesville Holistic Healthcare’s Privacy Practices Policy.

I would like to receive telephone communications or messages via the following methods. (Please complete all that apply.)

Home phone: _____

Work phone: _____

Cell phone: _____

Text: _____

Email: _____

Please Print Name

Please Sign Name

Date

FOR OFFICE USE ONLY

We have attempted to obtain written Acknowledgement of Receipt of our Privacy Practices Policy, but the acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barriers prevented us from obtaining acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other: _____.

Acupuncture Physician

Date