

NOTICE OF PRIVACY PRACTICES----ACKNOWLEDGEMENT

Green Point Acupuncture L.L.C.

We, *the Green Point Acupuncture L.L.C.*, keep a record of the health care services we provide to the patient. The patient may ask to see and copy that record. The patient may also ask to correct that record. We will not disclose patient record to others unless the patient direct us to do so or unless the law authorizes or compels us to do so. The patient may see his/her record or get more information about it by contacting Weihua Wang, LAc.

Our **Notice of Privacy Practices** describes in more detail how the health information may be used and disclosed, and how the patient can access his/her information.

By my signature below I _____ (patient name), acknowledge receipt of the **Notice of Privacy Practices**.

Patient or legally authorized signature

Date

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian
personal representative)

(Notation, if any, by staff)

This form will be retained in your medical record.

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