**Acupuncture and integrative medicine Associates of Nashua, PLLC**

 60 Main Street #310, Nashua, NH 03060 | 603.231.2478 | www.aimaofnashua.com

**PRIVACY NOTICE RECEIPT ACKNOWLEDGEMENT**

I acknowledge having received a copy of the “Notice of Privacy Practices” from Acupuncture and Integrative Medicine Associates of Nashua, PLLC and understand that this notice is available on the website at: [www.aimaofnashua.com](http://www.aimaofnashua.com).

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PATIENT **PRINTED NAME** PATIENT **SIGNATURE**

\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Patient Representative Printed Name \*Patient Representative Signature

*\*(Required if minor or an adult who is unable to sign)*

**Reserved for provider use only below this line**

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Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

The acknowledgement was not signed because:

\_\_\_The patient refused to sign the acknowledgement

\_\_\_The patient was undergoing emergency treatment

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This notice and acknowledgement was mailed to the patient’s mailing address on \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Date