

**PRIVACY NOTICE RECEIPT ACKNOWLEDGMENT FORM**

The Health Insurance Probability & Accountability Act (HIPPA) requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept confidential. As required by HIPPA, we have prepared an explanation of how we maintain the privacy of your protected health information and how we may use and disclose this information. Acupuncture and Integrative Medicine Associates of Nashua, PLLC HIPPA privacy policies are available to read and print on our website at https://aimaofnashua.com/about-us/privacy-notice/ and can be printed for you and provided in paper form upon request.

PRIVACY NOTICE RECEIPT ACKNOWLEDGMENT.   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.

**PRINT NAME OF PATIENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP TO PATIENT** (self, guardian, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF GUARDIAN** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_