



Moxa Medicine Incorporated

Acknowledgement of Receipt of Privacy Practices Policy

I, _____, have received a copy of this office's Privacy Practices Policy.

I would like to receive telephone communication or messages via: (Check all that apply)

- Home phone: _____
- Work phone: _____
- Cell phone call: _____
- Text message: _____
- Email: _____

Please print name

Please sign name

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our notice of Privacy Practices, but the acknowledgement could not be obtained because:

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

Acupuncture Physician

Date