

Minnesota Community Acupuncture
Notice of Privacy Practices, Version 1.1

Patient Acknowledgement

Right to Obtain a Copy of the Notice: You have the right to ask for and get a paper copy of the notice of privacy practices, and any revisions we make to the notice at any time. Revised notices are also available online at www.minnca.com

As indicated by my signature below I hereby acknowledge receipt and understanding of the Notice of Privacy Practices.

Print Patient Name: _____

Signature of Patient or Person Authorized to Consent: _____

Date: _____