



Acupuncture, Alexander Technique & Wellness in Chapel Hill, NC  
*Support for the Whole Being*

**HIPAA Privacy Practices Acknowledgement**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, \_\_\_\_\_ (please print patient name)  
have received a copy of Amira Glaser L.Ac's Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I have had the opportunity to ask questions about any information I do not understand contained in the Notice of Privacy Practices.

Signature of Patient/Guardian/Personal Representative:

Date:

Printed Name of Guardian/Personal Representative:

Relationship to Patient: