Dancing Turtle Acupuncture

500 S 336th St. – Suite 212

Federal Way, WA 98003

Phone: (253) 237-4090

Fax: (253) 563-9889

**HIPAA NOTICE OF PRIVACY PRACTICES**

Effective date: April 14, 2003

I keep medical records of the health services I provide for you. You may ask to see and copy your records. You may ask to correct your records. You records will be kept confidential unless you give me written permission to release them or I am required to do so by law. I will ask you to sign a consent form allowing me to use and disclose your health information for purposes of treatment, payment and healthcare operations in this office.

May we leave a detailed message at your provided phone number on page 1?

YES NO If no, what number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like a paper copy of our HIPAA Notice of Privacy Practices?

YES NO initial here:\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge receipt of the Notice of Privacy Practices.

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 Signature of patient or legal representative Date