



3531 NE 15th Avenue, Suite A, Portland Oregon 97212

HIPAA Privacy Practices Acknowledgement Form

Dear patient and/or client,

Due to new HIPAA compliance statutes, we as a healthcare provider are required to provide you with a Notice of Privacy Practices that describes your rights as a patient and must document that every patient or client has read and received it. To make this convenient, a Notice of Privacy Practices ‘Short Form’ is attached to your clipboard. The ‘Long Forms’ with a more detailed explanation of your rights is available to you if you would like to read it.



By Signing below, I acknowledge the receipt of the Notice of Privacy Practices at Blossom Clinic and specifically, Liz Richards Acupuncture (Short *or* Long form).

Printed Name _____ Signature _____



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