

NOTICE OF PRIVACY PRACTICES—ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct the record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it and our complete Notice of Privacy Practices by contacting Cornelia Moynihan, ND, L.Ac. Pegasus Acupuncture & Natural Health, 2102 North Alder Street, Tacoma, WA 98406. Ph: 253-759-2300.

Our **Notice of Privacy Practices** document describes in detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Time

Printed name if signed on behalf of patient

Relationship (Parent, Legal
Guardian, Personal Representative)

This form will be retained in your medical record.

Last Update: ____/____/____