Good Life Acupuncture & Holistic Therapies
102 W. Center Street – The Carriage House #5 - West Bridgewater, MA 02379

Acknowledgement of HIPAA Notice of Privacy Practices

I have been presented with a copy of The Notice of Privacy Policies for the office of Good Life Acupuncture & Holistic Therapies. I understand how this clinic may use or disclose my health information. I understand when this medical office may not use or disclose my health information. I understand my health information rights and understand that this office reserves the right to change this notice of privacy practices. I also understand how to place a complaint regarding this notice and have also been provided the opportunity to review and question the privacy policies of this clinic.

Signature: _____ **Date:** _____
(If under 18 years of age a parent or legal guardian must sign.)