

NOTICE OF PRIVACY PRACTICES

Saratoga Integrative Medicine
The Garden
434 Church Street
Saratoga Springs, NY 12866

I acknowledge that I have been given access to the privacy policy of Saratoga Integrative Medicine. This policy is posted on the web site at SaratogaIntegrativeMedicine.com and a printed copy may be requested.

Signature: _____ date: _____

Name: _____

Email is a convenient form of communication between a patient and his or her health care provider. I understand that there may be some security issues with email and that this method of communication may not be strictly private.

_____ Email is an acceptable form of communication for me. I understand the potential risks associated with this form of communication in the context of the privacy policy and HIPPA laws.

_____ I would prefer that email not be used for communication.

Signature: _____ date: _____