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**Advanced Medical Massage NW**

450 Port Orchard Blvd Suite 390

Port Orchard, WA 98366

360-440-8060

**Acknowledgement of Privacy Practices**

My signature below confirms that I have been informed of Advanced Medical Massage NWs’ Notice of Privacy Practices. I understand and agree to its terms.

I acknowledge that this office reserves the right to change the terms of the Notice of Privacy Practices and revisions will be posted on the effective date. I may also contact this office at the address above to obtain a current copy.

I have read and understand this acknowledgement.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_