



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

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Receipt of Notice of Privacy Practices

My signature below acknowledges I have read and understood the Notice of Privacy Practices of Dana Balassi, Dipl OM, DACM, LAc. I understand this document provides an explanation of the ways in which my health information may be used and/or disclosed, and of my rights with respect to my health

I have been provided with a copy of Dana Balassi's Notice of Privacy Practices and have had the opportunity to discuss concerns I may have regarding the privacy of my health information.

Patient Name: _____

Date: _____

Patient (or Parent/Guardian) Signature: _____

Relationship to Patient: _____