

**HIPAA Notice of Privacy Practices – Acknowledgement Form Three Rivers
Ayurveda, Inc.**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, or will be available during house calls, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

Signed: _____ Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate relationship:

parent or guardian of minor patient

guardian or conservator of an incompetent patient

Name and Address of Patient:
