ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the notice of privacy practices to read. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the notice may be changed at any time. I may obtain a copy of the notice by calling 206-588-0936 or by requesting one at the office.

Date:_____

Signature:_____

Print name here:_____

As a representative of the above individual, I acknowledge receipt of the notice on his/her behalf.

Date:_____

Signature:_____

Print name here:_____

Relationship to the Patient:_____

JENNY KALTUNAS, ND, EAMP (LAc)
9500 Roosevelt Way NE, Suite 301, Seattle, WA 98115 | ph: 206.588.0936 | f: 206.557-4768 |
InTuneHealingArts.com