

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received the Inova-SPH Institute of Traditional Chinese Medicine's **Notice of Privacy Practices** and that I have a right to receive an additional copy on request. This Notice describes the types of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of the Institute's health care operations. The Notice also describes my rights and the Institutes' duties with respect to my protected health information. I understand that copies of the **Notice of Privacy Practices** are available in the registration area of the Institute and on the Institute's web site at www.Inova.org/TCM. The Institute reserves the right to change the privacy practices that are described in the **Notice of Privacy Practices**. I may obtain a revised **Notice of Privacy Practices** by calling the posted number and requesting a revised copy be mailed to me, by asking for one at the time of my next appointment, or by accessing the Institute's web site listed above to view the most current version.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority