

# Elephant Acupuncture

401 East 53rd St, Suite 204, Austin, TX 78751

512-779-8296

## HIPAA Acknowledgement and Appointment Reminders Form

I acknowledge that I have been provided access to Elephant Acupuncture's "Notice of Privacy Practices". I understand that I have the right to review Elephant Acupuncture's "Notice of Privacy Practices" prior to signing this document.

I understand that Elephant Acupuncture's staff members may need to contact me with appointment reminders or information related to my treatments. If this contact is to be made by phone, and I am not at home, a message will be left on my answering machine or with anyone who answers the phone. I also understand that my clinical information may be used for educational and/or research purposes by Elephant Acupuncture. All information that can identify me personally will be removed.

By signing this form, I am giving Elephant Acupuncture authorization to contact me and am giving my informed consent to utilize my information for research and educational purposes. I acknowledge that all information discussed during the assessment and treatment at Elephant Acupuncture will be held confidential except in the instance where my safety or the safety of others may be at risk.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed name: \_\_\_\_\_ Date: \_\_\_\_\_