

**Kathryn Tooker, L.Ac.**

**Acupuncture & Chinese Herbal Medicine**

Eastlake Clinic

[www.tookeracupuncture.com](http://www.tookeracupuncture.com)

Ballard/Crownhill Clinic

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## Notice of Privacy Practices-Acknowledgment

By signing this form you are acknowledging that you have received a copy of the privacy practices of the clinic of ***Kathryn Tooker, L.Ac. Acupuncture and Chinese Herbal Medicine***, detailing how your health information may be used or disclosed, and also informing you of how you can obtain your health care records.

At any time you may ask to see your health care record.

You may also ask to change that record.

This clinic will not disclose your health care information to others unless we have your written permission to do so or unless the law allows or requires us to do so.

Acknowledgement of receipt of notice of privacy practices

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

By signing below, I acknowledge that I have read and agreed to the privacy practices described above.

Signature of patient or personal representative:

\_\_\_\_\_

Print name of personal representative:

\_\_\_\_\_