



Acknowledgment of Receipt of the Notice of Privacy Practices

I have received the NOTICE OF PATIENT PRIVACY PRACTICES

from Jan Polson DAOM, LAc, which describes how Basin Natural Medicine may use and disclose my protected health care information to carry out treatment, payment of services, health care operations, and other purposes that are allowed by law.

This Notice also describes my patient rights and Jan Polson's requirements to protect my health information.

Jan Polson DAOM, LAc. reserves the right to change the privacy practices that are described in the NOTICE OF PATIENT PRIVACY PRACTICES. I understand that I may request a copy of this notice at any time and discuss its contents with Jan Polson DAOM, LAc.

The most current copy of this notice will be posted in the clinic.

Signature of Patient or Personal Representative Date

Name of Patient or Personal Representative Description of Authority