**NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGMENT FORM**

Our Notice of Privacy Practices (“Notice”) provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to healthieryou@amarointegrative.com or a letter to:

Amaro Integrative Medicine

1901 Medi Park Dr. Suite 1048

Amarillo, TX 79106

By signing this form, you are only acknowledging that you have been provided our Notice and understand the contents.

Signature of Patient or Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Patient/Authorized Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_