

**HARMONY AND HEALTH ACUPUNCTURE & BODYWORK  
HIPAA Acknowledgement and Appointments Reminders Form**

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

I understand that Harmony and Health Acupuncture & Bodywork 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.

Information stripped of any personal identifiers may also be used for research and educational purposes by individual practitioners or Harmony and Health Acupuncture & Bodywork. By signing this form, I am giving Harmony and Health Acupuncture & Bodywork authorization to contact me with these reminders and to utilize my information for research and education purposes.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

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**Authorization for Release of Health Information (Optional)**

I, \_\_\_\_\_, hereby authorize Harmony and Health Acupuncture & Bodywork the use or disclose of my individually identifiable health information to the party(s) described below. I understand this authorization is voluntary. I understand if the party(s) authorized to receive my information is/are not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

*Persons/Organizations authorized to receive information:(please print)*

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\_\_\_\_\_

Patient's Signature

Date