



## Mobile Acupuncture Santa Fe

Dr. Rick L. Sparks, DOM

### HIPAA Acknowledgement and Appointment Reminders Form

I acknowledge that I have been provided access to Mobile Acupuncture Santa Fe (MASF) "Notice of Privacy Practices". I understand that I have the right to review MASF's "Notice of Privacy Practices" prior to signing this document.

I understand that MASF 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 personally available to take the call, a message will be left on my answering machine or with anyone who answers the phone.

By signing this form, I am giving MASF authorization to contact me with these reminders.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
MASF Privacy Rep/Date

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## Authorization for Release of Health Information (Optional)

I, \_\_\_\_\_, hereby authorize Mobile Acupuncture Santa Fe the use or disclosure of my individually identifiable health information to the party(s) describe 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 provider, the released information may no longer be protected by federal privacy regulations.

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

\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_