

Ashland Integrative Care PC
1607 Siskiyou Blvd
Ashland, Oregon 97520
Ph: 541.201.3173 Fax: 541.371.5551

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

SSN: _____

I acknowledge that I have received a Summary and have been given an opportunity to read a copy of the Notice of Privacy Practices for Ashland Integrative Care PC. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Ashland Integrative Care PC, Privacy Information Officer at: 541.201.3173.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date