

Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for the office of Nicholas Cera B.S., M.S.O.M., L Ac., Delafield Acupuncture, T.C.M. LLC detailing how my information may be used and disclosed as permitted under federal and state law.

Signed: _____ **Date:** _____

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient: _____

Relationship: _____

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