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PATIENT ACKNOWLEDGEMENT OF PRIVACY POLICY

PLEASE NOTE: Unless you are claiming insurance for your treatments here, your protected health information (PHI) will **never** be discussed, verbally or in writing, with anyone but you or your spouse. We will only disclose information to others (i.e. family members, other physicians, etc.) once we have obtained your written permission. If you wish to keep your information private from your spouse as well, please indicate below.

This notice of privacy policy describes the types of uses and disclosures of my “protected health information” (PHI) that will occur during my treatment, payment of bills, or in the performance of healthcare operations of this clinic.

My PHI refers to health information including any demographic information (name, address, phone number, etc.) that is collected from me and created or received by this clinic or its agents or employees. PHI is information that relates to my past, present, or future physical/mental health condition and identifies me, or there is a reasonable basis to believe the information may identify me. This notice also describes other potential releases of my PHI that may occur with or without my authorization, and my rights regarding my PHI.

By signing this form, you consent to our use and disclosure of your PHI as specified in this notice of privacy policy and acknowledge receipt of this notice.



I understand that I have the right to review this document in depth prior to signing it.
This notice has been provided to me with my intake information.

Patient Name/Patient Representative

Patient Signature/Guardian Signature

Date

Alexandra Knox, M.Ac, L.Ac, Dipl. Ac. (NCCAOM)

Date