

**Montgomery Acupuncture Clinic, LLC**

Dr. Judith Cox, D.Ac., L.Ac.

501 N. Frederick Avenue, Suite #302

Gaithersburg, MD 20877

240-498-1585

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that on \_\_\_\_\_ I received the Notice of Privacy Practices from Montgomery Acupuncture Clinic, LLC, which sets forth the ways in which my personal health information may be used or disclosed by Montgomery Acupuncture Clinic, LLC, and outlines my rights with respect to such information.

---

Patient's signature/Date