



COREACUPUNCTURE  
health + wellness

**Core Health and Wellness Acupuncture, LLC**

By signing below you acknowledge you have received and read a copy of Core Health and Wellness Acupuncture, LLC HIPAA Privacy Policy.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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As it relates to sharing your health information, **please initial ONE** of the following choices, complete the information, if applicable, and sign.

\_\_\_\_\_ At this time, do not share my health information to anyone, except for purposes outlined in the HIPAA Privacy Policy.

\_\_\_\_\_ I give you permission to share & discuss my health and treatment information with the following people:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_