



# BETTER DAYS

## Acupuncture

218a South Churton Street Suite C  
Hillsborough, NC 27278  
919-356-4639

### Acknowledgement Form Consent for Purposes of Treatment, Payment, and Healthcare Operations

I acknowledge that Better Days Acupuncture LLC “Notice of Privacy Practices” has been provided to me. I understand I have a right to review Better Days Acupuncture LLC’s “Notice of Privacy Practices” prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my Protected Health Information that will occur in my treatment, payment of my bills or in the performance of health care operations of Better Days Acupuncture LLC. The Notice of Privacy Practices for Better Days Acupuncture LLC is also provided on request at the front desk of this practice and on Better Days Acupuncture LLC’s website at [www.betterdaysacupuncture.com](http://www.betterdaysacupuncture.com). This Notice of Privacy Practices also describes my rights and Better Days Acupuncture LLC’s duties with respect to my Protected Health Information.

Better Days Acupuncture LLC reserve the right to change the privacy practices that are described in the “Notice of Privacy Practices”. I may obtain a revised notice of privacy practices by calling Better Days Acupuncture LLC’s office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

---

Name of Patient or Personal Representative (Print)

---

Signature of Patient of Personal Representative and Date

---

Description of Personal Representative’s Authority