

This notice is effective as of **09 / 01 / 2007**

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide [Alpha Omega Acupuncture & Herbal Clinic Inc.] with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date