

**Iris Integrative Health  
Acknowledgement of Notice of Privacy Practices**

I have been presented with a copy of the Notice of Privacy Practices for the office of Iris Integrative Health, detailing how my information may be used and disclosed as permitted under federal and state law.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

**Patient:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_