

**HeartLight Healing Arts**  
**9145 Guilford Road, Suite 100**  
**Columbia, MD 21046**

RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have received a copy of HeartLight  
(Patient Name) Healing Arts' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

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Acceptable Methods of Disclosure  
of Protected Health Information

How would you like to be contacted re: answers to questions, lab requests, etc.?  
(Please check ALL that apply)

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

If we are unable to reach you, should we leave a message to include protected health information?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where should we the leave the information?  
(Please check ALL that apply)

\_\_\_\_\_ Home Phone  
\_\_\_\_\_ Work Phone  
\_\_\_\_\_ Cell Phone  
\_\_\_\_\_ Leave a message with spouse or significant other  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date