Receipt of Privacy Notice

Balance Therapeutic Massage and Core Fitness Studio, LLC
Lisa Bourlon, LMT
238 SE 2nd Ave.
Hillsboro, OR 97123
www.BalanceMassageandFitness.com
503-358-3385

Patient name ____________________________________

Date of birth ________________ Telephone ____________________

My signature, below, certifies

I have reviewed a copy of NOTICE OF PRIVACY PRACTICES posted on the above website _____.

or

I have received a copy of NOTICE OF PRIVACY PRACTICES _____.

____
Signature of Patient or Guardian

____
Date

Comments, if any:

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____ Signature of Health Care Practitioner

Date: _______________