



Carolina  
Center for  
Restorative  
Medicine  
*Restoring Hope and  
Health with Heart*

## Written Acknowledgement of Receipt of Notice of Privacy Practices

809 Spring Forest Road, Suite 100  
Raleigh, NC 27609  
www.ccrmraleigh.com  
info@ccrmraleigh.com  
P 919-803-4268 | F 919-977-1381

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of information that might identify our patients. We are also obligated to provide this notice of our legal duties and privacy practices with respect to protected health information (PHI). If you have any objections to this form, please speak with our Practice Manager in person or by phone 919-803-4268.

I, \_\_\_\_\_ have been given the opportunity to read the Carolina Center for Restorative Medicine's HIPAA Notice of Privacy Practices (NPP). I understand that I may request a hard or electronic copy of the document.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_