

**The Lane Center for Natural Healing**  
**160 Old Derby Street, Suite 457**  
**Hingham, MA 02043**  
**Tel: 781-741-8800**  
**Fax: 781-741-8810**

## *HIPAA Acknowledgement*

Name:

Date:

Address:

Home Phone:

Mobile Phone:

Acknowledgement:

I, \_\_\_\_\_,

*(Sign Name Here)*

have received the notice of the Privacy Policies of the Lane Center for Natural Healing. I have read and understand it and have discussed any portion I did not understand with a staff member.

For Staff Purposes Only:

Reason for refusing to sign acknowledgment form:

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Signature of Staff member: \_\_\_\_\_ Date: \_\_\_\_\_