

Joshua Summers, MAOM
Integral Acupuncture
1112 Boylston St., 3rd Fl.
Boston, MA 02215

781.710.5215

***Acknowledgement of Receipt of
Notice of Information Practices***

I, _____, have
received Joshua Summers', MAOM, Notice of Information Practices.

Patient's Signature: _____

Date: _____

Please sign, date and return this form to Joshua Summers, MAOM.