



**ACKNOWLEDGMENT OF
NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

- ✓ Essential Body Wellness keeps records of the care we give you. These records also contain other healthcare information about you.
- ✓ You may ask to see and copy the record of your healthcare information.
- ✓ You may ask to change that record.
- ✓ We will not disclose your healthcare information to others unless we have your permission to do so or unless the law allows or requires that we do so.
- ✓ You may see your healthcare information or ask about it by contacting Essential Body Wellness.
- ✓ Essential Body Wellness' *Notice of Privacy Practices for Protected Healthcare Information* describes in more detail how your healthcare information may be used and disclosed, and how you can get it.

By signing this form, I am acknowledging that I received a copy of the *Notice of Privacy Practices for Protected Healthcare Information* that explains my rights.

(Signature of patient or legal authorized person)

Date

(Printed Name)

(Relationship to Patient – if applicable)