



Wholeness Center

Tax ID # 27-2970598; NPI # 1811279573

Wholeness Center P.C.

2620 East Prospect Rd., Suite #190, Fort Collins, CO 80525

Office: (970) 221-1106

Fax: (970) 232-1050

ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE

Consumer Name: _____ Date of Birth _____

I hereby acknowledge that I have received a copy of the Wholeness Center's Notice of Privacy Rights.

Client's Signature: _____ Date: _____

If not the client, please print and state legal authority to sign for client.

_____ Relationship _____

For Wholeness Center's Use Only

Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgement because:

The client refused to sign.

The legal guardian refused to sign.

Other: _____

WC Staff Signature _____ Date _____