

Tax ID: 83-1344190
Wholeness Health LLC.
2620 East Prospect Rd., Suite #190, Fort Collins, CO 80525
Office: (970) 221-1106
Fax: (970) 232-1050

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

Consumer Name: _____ Date of Birth: _____

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

Client's Signature: _____ Today's Date: _____

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

Signature: _____ Relationship: _____

For Wholeness Health'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: _____

Wholeness Health Staff Signature: _____ Date: _____