

Acknowledgement of Receipt of Notice of Privacy Practices

Nutrition Counseling Services LLC **HIPAA Notice of Privacy Practices** is attached. Copies are also available online at [www.eatinghealthier.net /forms](http://www.eatinghealthier.net/forms) or at the office of Nutrition Counseling Services LLC at 307-A East King Street, Kings Mountain, NC 28086.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Options:

_____ The undersigned "acknowledges receipt" of a copy of the currently effective Notice of Privacy Practices for Nutrition Counseling Services LLC. A copy of this signed, dated document shall be as effective as the original.

_____ The undersigned refuses to sign this acknowledgement. In refusing, we may not be allowed to process your insurance claims.

_____	_____	_____
Patient's Name (Please Print)	Patient's Signature	Date

_____	_____	_____
Legal Representative/Guardian	Relationship of Legal Representative/Guardian	Date

Office Use Only

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

It was emergency treatment _____

I could not communicate with the patient _____

The patient refused to sign _____

The patient was unable to sign because _____

Other (please describe): _____

Signature of Privacy Officer: _____

Revised 11/08/2017 by CWJ