

Acknowledgement of Receipt of NPP

Nutrition Counseling Services LLC

Your Privacy

We, at Nutrition Counseling Services LLC, understand that protected health information about you and your health is personal. We are committed to take every measure to protect your health information. Please review the following information regarding your permissions and privacy.

PERMISSIONS

____ I give Nutrition Counseling Services LLC permission to leave a voicemail messages at any of the telephone numbers which I have provided.

Telephone: _____

Telephone: _____

____ I give Nutrition Counseling Services LLC permission to leave messages via email at the address(es) which I have provided.

Email: _____

Email: _____

____ I give Nutrition Counseling Services LLC permission to leave messages about appointment reminders with the following individuals in the case of my absence:

Name	Relation
_____	_____
_____	_____
_____	_____
_____	_____

____ I give Nutrition Counseling Services LLC permission to release my protected health information with the following:

Name	Relation
_____	_____
_____	_____
_____	_____
_____	_____

HIPAA 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 608 W King Street, Suite B, Kings Mountain, NC 28086.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Options:

1. You may refuse to sign this acknowledgement. In refusing, we *may not be allowed* to process your insurance claims.

Date: _____

2. The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original.

_____	_____	_____
Please print name of Patient	Patient 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
