



Kristin Mahan APRN Danielle Mallory APRN Kathleen Eagle APRN Tracy Jullarine APRN Joseph O'Keefe APRN

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You may refuse to sign this acknowledgement****

I hereby acknowledge that a copy of Balanced Wellness Primary Care, LLC's Notice of Privacy Practices will be given to me upon my request. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Patient Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify): _____