



Acknowledgement of Receipt of Privacy Notice

For Office Use Only

Client Name: _____

Date of First Service: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Michelle Thelen, L.Ac's Notice of Privacy Practices.

I understand that if I have any questions regarding this Notice of Privacy Practices, or of my privacy rights, I can contact Michelle Thelen, L.Ac.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative

Date

Legal Relationship to Client

FOR OFFICE USE **IF** ACKNOWLEDGEMENT IS NOT SIGNED:

- Client refused to Acknowledge Receipt of Notice of Privacy Practices
- Other

Describe why client was not able to sign form and what efforts were made to obtain client's signature:
