258 Hanging Rock Highway, Suite 3, Logan, WV 25601
Phone: 304-752-4594 Fax: 304-752-5629
www.healthyhabitswellness.com

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

The Healthy Habits Wellness Center Notice of Privacy Practices provides detailed information about how we may use and disclose your protected health information. It also describes your right to request restrictions on how we use and disclose this information. You are being given a copy of the Notice of Privacy Practices at this time and we encourage you to read it in full.

Our Notice of Privacy Practices is also available for viewing on the Healthy Habits Wellness Center website at www.healthyhabitswellness.com. Additional copies may be obtained by making a request from our front desk staff.

By signing below, I acknowledge that I have been given a copy of the Healthy Habits Wellness Center Notice of Privacy Practices.

**I have received a copy of the Notice of Privacy Practices.**

**Signature: _____ Date: _____**

**Signature of patient or authorized representative**

_____

**Relationship to patient**