

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I, _____, acknowledge that I have received, read, understood and accepted a copy of Naturopathic Specialists, LLC **Notice of Privacy Practices**.

Do you wish to be contacted by electronic mail (email)?

Yes, I do or **No, I do not** (circle one)

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient

If applicable: relationship (parent, legal guardian, personal Representative, etc.)

Other than myself, I authorize Naturopathic Specialists, LLC to discuss medical information with the below person/persons:

Name

Contact

Name

Contact

Revisions (if any): _____

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 (please specify):

Privacy Officer Signature



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