



## ***Acknowledgement of Notice of Privacy Practices***

You may refuse to sign this Acknowledgement.

**Wellness Medical Supply, LLC.** keeps a record of your health information. Our Notice of Privacy Practices describes in detail how your health information may be used and disclosed, and how you can access or revise your information.

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of **Wellness Medical Supply, LLC.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

### **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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wellness Medical Supply: \_\_\_\_\_ Date: \_\_\_\_\_