



The Wellness and Prevention Center, LLC
19841 N. 27th Ave Suite 204
Phoenix, Arizona 85027
623-387-3705

Receipt of Notice of Privacy Practices Written Acknowledgment Form

Signing this form designates that you have received and/or reviewed a copy of The Wellness and Prevention Center, LLC Notice of Privacy Practices

****You May Refuse to Sign this Acknowledgement****

I, _____, have received and/or reviewed a copy of The Wellness and Prevention Centers, LLC Notice of Privacy Practices.

Signature of Patient or Guardian

(Date)

By signing this form you are attesting you were offered to review or be provided with a copy of this offices Privacy Practices.

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 the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify) _____

WPC Office Representative

(Date)