



I acknowledge I have received a copy of Sacred Wellness' Practice Policies and the Notice of HIPPA Privacy Practices, which describes how my health information is used and shared. I understand that Sacred Wellness the right to change this Notice at any time.

Client(s) Printed Name(s): _____

Client(s) Signature(s): _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Practice Policies and HIPPA agreements, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prohibited obtaining acknowledgement
- Other (please specify): _____

Signature of Therapist

Date