

# Nutrition Authority Written Acknowledgement Confirming Patient Receipt of Privacy Notice

## Patient Written Acknowledgement Confirming Receipt of Privacy Notice.

I have reviewed the NUTRITION AUTHORITY HIPAA Privacy Notice but choose not to receive a hard copy receipt of Privacy Notice.

\_\_\_\_\_ Patient Signature

\_\_\_\_\_ Date

I have reviewed the NUTRITION AUTHORITY HIPAA Privacy Notice and received a hard copy of the Privacy Notice.

\_\_\_\_\_ Patient Signature

\_\_\_\_\_ Date