

Premier Health and Wellness, LLC

4835 E. Cactus Rd. Suite 333

Scottsdale, AZ 85254

(P) 602-795-9980 (F) 602-795-9984

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY (HIPPA) AGREEMENT

I, _____, acknowledge that I have received a copy of Premier Health and Wellness, LLC "HIPPA Privacy Policy Acknowledgement Agreement" form.

This notice describes how **Premier Health and Wellness, LLC** may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Patient

Date

Patient Representative

Date

Relationship to Patient

Date

Witness

Date