

*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