Premier Health and Wellness, LLC

11801, N Tatum Blvd, Suite # 128 Phoenix,

AZ - 85028

*(P) +160 2795 9980*

**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.

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Patient Date

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Patient Representative Date

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Relationship to Patient Date

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Witness Date