**Inc.**

601 A Pittsburgh Road, Suite 100

Butler, PA 16002

724-481-1141 (phone) 724-481-1142 (fax)

**Acknowledgment of receipt of Notice of Privacy Practices**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge and Agree that**

(Print Patient/Client Name)

**I have received a copy of Fyzical by Balance For Wellness, Inc.**

***Notice of Privacy Practices*.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient/Client Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient/Client Legal Representative Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Legal Representative Relationship to Client**