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**Patient Written Acknowledgment of Privacy Notice**

I acknowledge *Sheri K. Mar, Nutrition Counseling & Services* HIPAA Privacy Practices and understand that I may request a written copy or view it from the website [www.eatwellbefit.com](http://www.eatwellbefit.com) on this day.

\_\_\_\_\_  
Patient/Client Name  
(Please Print Name)

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_ Date

**Acknowledgement for a Minor or Dependent Adult**

\_\_\_\_\_  
Name of Guardian  
(Please Print Name)

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_ Date