

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY

The law requires that *Your Nutrition GURU* make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that (please check one):

- I have read or had explained to me Your Nutrition Guru's Notice of Privacy Practice and agree to continue my care with Your Nutrition Guru under said terms.
- I was given an opportunity to read Your Nutrition Guru's Notice of Privacy Practices and I declined but wish to continue by care with Your Nutrition Guru under the terms of Your Nutrition Guru privacy policies.
- I have read or had explained to me Your Nutrition Guru's Notice of Privacy and do not wish to continue by care with Your Nutrition Guru under said terms.

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I HAVE	READ AND UNDERS	TAND THIS FORM. I A	M SIGNING IT VOLUNTARILY
Patient	Name	Da	te

If you are signing as a personal representative of the patient, please indicate your

Relationship to Patient

relationship:

Representative Name