

The Sunrise Center for Wellness LLC
826 Bustleton Pike Suite 101B Feasterville-Treose PA 19053
215-399-5691

Notice of Privacy Practices Acknowledgment Form

I have read and understand the electronic notice of privacy practices, found on the company's website. I acknowledge I can request a paper copy of the privacy practices at any time. My signature confirms my agreement to the privacy practices.

Client Signature

Client's Parent/Guardian Signature (if under 18 years of age)

Date