



Children's Naturopathic Centre, LLC



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have received a copy of the

Children's Naturopathic Centre, LLC

Notice of Privacy Practices.

By signing below, I agree that I have received a copy of the Notice of Privacy Practices.

_____ Patient Signature (must be at least 15yo)
_____ Print Patient Name
_____ Date

- OR -

_____ Parent/Guardian/Legal Representative Signature
_____ Print Name
_____ Description of Representatives Authority
_____ Date