



**Patient Written Acknowledgement Confirming Receipt of Privacy Notice**

I have received a HIPPA Privacy notice from Coastal Family Nutrition.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

**Release of Information**

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Messages**

Please call  my home: \_\_\_\_\_  my work: \_\_\_\_\_  my cell: \_\_\_\_\_

If you are unable to reach me:

- you may leave a detailed message
- please leave a message asking me to return your call
- \_\_\_\_\_

Signed: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This **Release of information** will remain in effect until terminated by me in writing.

Revised: 9/2017