



Patient Written Acknowledgement Confirming Receipt of Privacy Notice

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

Parent/Guardian signature

Date

Preferred Communication

Patient's name _____ Date of Birth _____

Parent/Guardian name/s _____

Messages

Please call my home: _____ my work: _____ my cell: _____

I would like to receive text reminders/email reminders (circle one) of upcoming appointments.

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 ***Preferred Communication*** will remain in effect until terminated by me in writing.