

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

I \_\_\_\_\_ (patient name) acknowledge  
that I have received a copy of the HIPAA Privacy Practices Notice for the office of  
*Libby Hugo, RDN, CDE – Nutrition Counseling.*

\_\_\_\_\_  
Signature of client, client's representative, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client, client's representative, or parent