

**ACKNOWLEDGMENT OF
RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

Mid Michigan Wellness Center

Julie Botimer, M.S., R. Ac., Dipl. O.M.

The undersigned patient or legally authorized representative of the patient acknowledges that he/she personally received a copy of the Mid Michigan Wellness Center Notice of Privacy Practices.

Signature of patient or responsible party

Date: _____

Print name of patient or responsible party

Relationship to patient: _____