



**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have been offered an opportunity to read a copy of Healthy Lifestyles PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Nimisha Patel, LCSW, RD/LD, CEDS at HealthyLifestylesPLL@gmail.com or 469- 854- 1656 or 550 S. Watters Road, Suite 136, Allen, Texas, 75013.

Signature of Patient/Client

Date

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date