



NATURAL HEALING FAMILY MEDICINE

LORI WIESER N.D.  
NATUROPATHIC PHYSICIAN

**Acknowledgement of Receipt of Notice of Privacy Practices (HIPPA)**

*This form will be retained in your medical record.*

By my signature below I, \_\_\_\_\_, acknowledge that I been **OFFERED** a copy of the Notice of Privacy Practices for Natural Healing Family Medicine.

I hereby designate the following individual(s) to receive communications from Natural Healing Family Medicine that may include health information about me:

\_\_\_\_\_

\_\_\_\_\_  
Signature of patient (or personal representative)

\_\_\_\_\_  
Date

**This acknowledgment is signed by a personal representative on behalf of the patient, complete the following:**

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**This Acknowledgement pertains to all practitioners that have a Business or Contracting at Natural Healing Family Medicine.**

**For Office Use Only**

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

Location 1: 411 N. 3rd St. Ste. A2 Elma, WA 98541 Phone: 360-402-4943

&

Trinity Massage and Wellness

Location 2: 3700 Martin Way E. #108 Olympia, WA 98506 Phone: 360-561-0171