

Notice of Privacy Practices Receipt

Your name and signature on this sheet indicate that you have been given the opportunity to review and
request a copy of Healthy Weight Options, LLC Notice of Privacy Practices on the date indicated. If you
have any questions regarding the information in Healthy Weight Options, LLC Notice of Privacy
Practices, please do not hesitate to contact your dietitian, Kay S Beatty, MS, RDN.

(Patient signature and date)			

(RDN signature and date)