

# BodyWise Acupuncture & Total Wellness

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## Acknowledgement of Receipt of Notices

I hereby acknowledge that I signed and/or received copies of this office's notices pertaining to but not limited to:

1. Welcome Letter (including Cancellation policy, Returned check fees, etc.)\*
2. Informed Consent and Disclosure\*
3. BodyWise Acupuncture & Total Wellness, Inc. - Finance Policy\*
4. Privacy Notice: HIPAA Information and Consent Form
5. Patient's Rights & Responsibilities
6. Insurance Plan Description (if applicable)

I further acknowledge that I will receive any amended copies of the above notices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

If not signed by the patient, please indicate relationship: \_\_\_\_\_

Name of Patient: \_\_\_\_\_