



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PRACTICE:

Gentle Touch Medical Aesthetics & Wellness Spa
2723 Maguire Road
Ocoee, FL 34761
Office: 407.877.7003

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND HAD AN OPPORTUNITY TO ASK QUESTION CONCERNING THE ABOVE NAMED PRACTICE'S NOTICE OF PRIVACY PRACTICES.

Date: _____

Patient Name (printed): _____

Patient Signature: _____

OR

Patient's Representative Signature: _____

Patient's Representative Name (printed): _____

Relationship to Patient: _____