

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby acknowledge I have received a copy of the Notice of Privacy Practice for Mood Food Wellness. I understand that if I have any questions regarding the notice or my privacy rights I should contact:

Emily Harbacheck, Owner  
Mood Food Wellness  
1911 4<sup>th</sup> St SW Suite C  
Mason City, IA 50401  
641-525-0514

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of person signing if not client

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Relationship of signee to client if not signed by client