



**ACKNOWLEDGEMENT OF  
RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

**Total Approach Wellness and Aesthetics**  
200 Forsythe Street  
Fayetteville, NC 28303  
Office: (910) 322-7368  
Fax: (910) 483-5796  
[www.TAWellness.net](http://www.TAWellness.net)

I, \_\_\_\_\_ have read (available at the practices website)  
(Name of Patient)

Total Approach Wellness and Aesthetics' "Notice of Privacy Practice".

\_\_\_\_\_  
(Signature of Patient or Guardian)

\_\_\_\_\_  
Staff Will Fill Out This Section if Patient's Signature is Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

- \_\_\_\_\_ Patient refused to sign.
  - \_\_\_\_\_ Emergency situation kept us from obtaining the patient's signature
  - \_\_\_\_\_ Language barrier kept us from obtaining the patient's signature
  - \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_