ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I,, have	e read, reviewed,
understand and agree to the statement of the Privacy Po	olicy for the
healthcare services in this office.	
Essential Wellness of Illinois, LLC location is at:	
900 Skokie Blvd., Suite 140, Northbrook, Illinois 60062	
This Practice has attempted to provide each patient witl Privacy Policies.	h a statement of
Patient Signature	
Date	