

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Policy 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 with a statement of Privacy Policies.

Patient Signature _____

Date _____