



CHIROPRACTIC | ACUPUNCTURE | NUTRITION

Wilmington NC

☒ HIPPA Signature Form

Simple Well Being, LLC  
203 Racine Dr, Suite 200 • Wilmington, NC 28403  
Phone: (910) 994-2344 • [www.SimpleWell-Being.com](http://www.SimpleWell-Being.com)

### HIPAA Acknowledgement of Receipt of Privacy Practices

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

At Simple Well Being, LLC, we are committed to protecting your health information. The Health Insurance Portability and Accountability Act (HIPAA) requires us to provide you with a Notice of Privacy Practices that outlines how we may use and disclose your protected health information (PHI) and how you can access this information.

#### Please review the following:

- I have received or been offered a copy of the Simple Well Being, LLC Notice of Privacy Practices.
- I understand that I have the right to request restrictions on how my health information is used or disclosed, though the practice is not required to agree to those requests.
- I understand that I may revoke this consent in writing, except to the extent that the practice has already made disclosures in reliance on my prior consent.
- I understand that Simple Well Being, LLC may use or disclose my health information to carry out treatment, payment, or healthcare operations.

#### Patient Acknowledgement & Signature:

- ☐ I acknowledge receipt of the Notice of Privacy Practices.
- ☐ I was offered a copy but declined.
- ☐ I have had the opportunity to ask questions and understand the information provided.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### If signed by a personal representative (e.g., parent, guardian, power of attorney):

Name of Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date: \_\_\_\_\_

#### Office Use Only

If patient/personal representative refuses to sign this acknowledgment:

- ☐ Patient/representative refused to sign despite being given a copy of the Notice of Privacy Practices.

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_



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