



PERSONAL ENRICHMENT SERVICES, INC.

Health Insurance Portability and Accountability Act (HIPAA)

PRIVACY NOTICE ACKNOWLEDGEMENT FORM

Office Location:

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By signing below, I acknowledge that I have received and reviewed the accompanying Privacy Notice and that my questions have been answered to my satisfaction.

Name of Client (Printed)

Signature of Client

Name of Legal Representative
(e.g., Attorney-In-Fact, Guardian,
Parent or Guardian if client is a minor):

Signature of Legal Representative

Relationship to Client

Date Signed / /