

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

We request that you sign a separate form or notice acknowledging you have received a copy of the Notice of Privacy Practices of On Location, IV Hydration, LLC. This acknowledgement will be filed with your records.

Signature of Patient/Personal Representative

_Date

Printed Name

_Relationship to Patient (if applicable)

If the patient refused or was unable to acknowledge the Notice of Privacy Practices, please explain why:

