



Acknowledgement Confirming Receipt of HIPAA Privacy Notice

I acknowledge I have received a copy of Essential Nutrition Inc's HIPAA Privacy Notice. Please sign and date below and bring this with you to your scheduled initial appointment.

Patient/Client Signature

Date

Special Note Regarding Dietetic Interns

Essential Nutrition Inc. offers educational opportunities for nutrition students to occasionally observe and/or participate in nutrition counseling sessions. These are individuals who are gaining the experience they need to meet university standards to become Registered Dietitians and/or nutritionists. The same HIPAA rules and regulations apply to students as they do to all medical practitioners: your health and personal information will NOT be shared or discussed without your prior written consent.

Your comfort level with having such a student present is of utmost importance. Please check the box that corresponds with your preference regarding dietetic interns present during your session(s):

- No, I prefer NOT to have a student present at this time.
- Yes, I am comfortable having a nutrition intern observe and/or participate in our session(s), but ONLY as it relates to discussion of the following conditions:

- Yes, I am completely comfortable having a nutrition intern observe and/or participate in our session.

Patient/Client Signature

Date

PLEASE BRING THIS PAGE WITH YOU TO YOUR APPOINTMENT. WE NEED THIS TO BE PLACED IN YOUR FILE. PLEASE MAKE A COPY FOR YOUR RECORDS, IF NEEDED.