



Aloha Sophia Wellness, LLC
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Acknowledgement of Receipt of Notice

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Aloha Sophia Wellness, LLC's "NOTICE OF PRIVACY PRACTICES".

As required by the Privacy Regulations, _____
Name of Staff Member

from Aloha Sophia Wellness, LLC has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that Aloha Sophia Wellness, LLC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Signature: _____

Print Name: _____

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____
