

Nadia Ciuha, ND  
Naturopathic Living  
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Washington DC 20036  
(703) 371-2605

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**This document is to be signed by a person legally responsible for the patient's  
medical decisions relative to the treatment situation.**

I, \_\_\_\_\_, hereby acknowledge that Naturopathic Living has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

**Nadia Ciuha, ND  
703-371-2605**

I also understand that I am entitled to receive updates upon request if The Naturopathic Living amends or changes its Notice of Privacy Practices in a material way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient,  
if signed by someone other than patient.

\_\_\_\_\_  
Date

### **THIS SECTION IS TO BE COMPLETED BY THE Naturopathic Living if UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM PATIENT**

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgment.

Other (specify):

\_\_\_\_\_  
Name and title of employee

\_\_\_\_\_  
Date