

Pampered Touch Therapeutic Massage, Inc.
2340 NE 2nd Street Suite 100 Ocala, FL 34470

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

I, _____, do hereby
acknowledge receipt of a copy of the Notice of Privacy Practices, Policies and Procedures
(also known as HIPAA Regulations).

Signature of Patient

Date

Witness

Valen M Burke, LMT