



STATERA

Integrated Health & Wellness Solutions

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Receipt of Notice of Privacy Practices Written Acknowledgement Form

I hereby acknowledge receipt and understanding of Statera Integrated Health and Wellness Solutions's Notice of Privacy Practices. I have been offered a copy and questions where answered to my satisfaction.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge receipt and understanding of Statera Integrated Health and Wellness Solutions's Notice of Privacy Practices. I have been offered a copy and questions where answered to my satisfaction.

Name [please print]: _____

Relationship to Patient: _____ Parent _____ Legal Guardian

Signature: _____

Date: _____