



Whole Body Wellness
AN INTEGRATIVE MEDICAL CENTER

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OFFICE ONLY: Date Rec'd: _____

Date Sent: _____

Doctor: Lisa Edens-Tan, ND

Notice of Privacy Practices Received

I, _____ have received a copy of the *Notice of Privacy Practices* from **Whole Body Wellness ~ An Integrative Medical Center**.

(Please print name)

(Relationship to person signing)

(Signature)

(Date)