

**ADONAI OPTIMAL HEALTH AND WELLNESS, LLC**

11 WOODLAND RD  
MADISON, CT 06443  
PHONE (203) 318-5200  
FAX (203) 318-5203

Yvette M. Whitton,  
BS,ND, MAc

**ACKNOWLEDGEMENT OF RECEIPT AND OR OPTION OF RECEIPT OF NOTICE  
OF PRIVACY PRACTICES**

I acknowledge that I:

Was provided a copy of the Notice of Privacy Practices

Was provided a copy of the Notice of Privacy Practices and decline

and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and maintained for six years.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, Guardian or Patient's legal representative  
(Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**THIS FORM WILL BE PLACED IN THE PATIENT'S CHART AND MAINTAINED  
FOR SIX YEARS.**