



The UNC Wellness Center at Meadowmont
100 Sprunt Street
Chapel Hill, NC 27517

**Acknowledgement of Receipt of
Notice of Privacy Practices**

The *Notice of Privacy Practices* is a complete description of the rights of clients at the University of North Carolina Health Care System (“UNC HCS”) including its Wellness Center at Meadowmont with respect to the clients’ information and how client information is protected. I have been given the opportunity to review the *Notice of Privacy Practices*.

By signing below, I am stating I have received the *Notice of Privacy Practices* of UNC HCS.

CLIENT SIGNATURE: _____
(or authorized representative)

PRINT NAME: _____ DATE: _____

RELATIONSHIP, if not client: _____

OR **Notice Previously Received**