Acknowledgment of Receipt of Privacy Practices

By signing this acknowledgement, I am acknowledging that Lorraine Maita, MD, **HEALTH 4 PERFORMANCE, LLC,** provided to me information about its "Notice of Privacy Practices" (the "Notice"), I was given the opportunity to ask questions about the Notice and my questions were answered. I am also acknowledging that I have received a copy of the Notice.

I have reviewed the information in this agreement and I fully understand it, I accept it and I agree to abide by its terms during our professional relationship. I have had my questions answered to my satisfaction. Based on the terms of this agreement, I consent to participate in an evaluation and treatment with Lorraine Maita, MD. I understand that this agreement can be withdrawn at any time.

YOUR SIGNATURE BELOW ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE – Acknowledgement of Receipt of Privacy Practices.

Client signature _____ Date _____