




A division of:  AAIC
ALLERGY, ASTHMA & IMMUNOLOGY CENTER

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I, _____ (patient), acknowledge that I have received a copy of the Allergy, Asthma & Immunology Center, SC's (AAIC) dba Quell Headache & Wellness Centers (QUELL) **"Notice of Privacy Practices."**

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our **Notice of Privacy Practices**, but acknowledgement could not be obtained because:

- () Individual refused to sign
- () Communication barriers prohibited obtaining the acknowledgement
- () An emergency situation prevented us from obtaining acknowledgement
- () Other (please specify): _____