

**SHAUNA NORTON, APRN, PLLC**  
**9103 South 1300 West, Suite 103**  
**West Jordan, UT 84088**  
**Phone: (801) 748-1477**  
**Fax: (801) 606-7731**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES AND POLICIES**

In the waiting room is a Notice which provides information regarding privacy, confidentiality of information, and security. This Notice is required by new Federal laws and guidelines that are in place to protect you. Please read it carefully. I am available to answer any questions that you may have now or at any time in the future about the Notice, or my privacy policies and practices.

I am required to demonstrate that I have provided this Notice to you. Please sign the statement below. Signing this form only signifies that you have received the Notice, not that you have read it or agree with it.

Thank you for your assistance in this important process.

Sincerely,

Shauna Norton, APRN, PLLC

I/We have received the Privacy Notice from Shauna Norton. I/We understand that signing this form means only that the Notice was received.

\_\_\_\_\_  
Client Name (Print Please)

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (if client is a minor)

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_