



Moscow  
619 S. Washington St., Suite 203  
Moscow, ID 83843

Pullman  
805 SE Clearwater Drive  
Pullman, WA 99163

Phone (208) 892-1346  
Fax (208) 892-8306

By signing this form, I acknowledge that I have received a copy of HealthMotivate Care Privacy Practices Notice.

\_\_\_\_\_  
Patient signature (or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal representative's relationship to patient

\_\_\_\_\_  
A good faith effort was made to obtain the patient's acknowledgment of the receipt of the Notice of Privacy Practices. The following identifies the efforts made and the reason the acknowledgment was not obtained.

\_\_\_\_\_  
Signature of HealthMotivate Care Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reason

By signing this form below I am acknowledging having received HealthMotivate Care Office Policy/Patient Information form.

\_\_\_\_\_  
Patient signature (or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal representative's relationship to patient