SPARKLE HEALTH

Aesthetics & Wellness

Patient Acknowledgment of Privacy Notice

Notice effective date: October 15, 2026

Read the complete Notice of Privacy Practices before completing this form.

Patient full legal name

Date of birth (MM/DD/YYYY)

☐ I acknowledge that I received or was offered Sparkle Health Aesthetics & Wellness's Notice of Privacy Practices. This acknowledges receipt or the opportunity to receive the notice; it is not consent to treatment or an authorization for otherwise prohibited uses or disclosures of my information.

Electronic signature (type your full name)

Date signed (MM/DD/YYYY)

Representative name, if applicable

Representative relationship / legal authority, if applicable