



Choices in Health, PC

4790 Table Mesa Drive, Ste. 202
Boulder, CO 80305

Notice and Acknowledgement of HIPPA

ACKNOWLEDGEMENT:

I have received the HIPPA Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name _____
(Please Print)

Signature _____ DATE: _____

Written acknowledgement could not be documented due to:

_____ Patient refused to sign.

_____ Personal representative not available to sign

_____ Language, communication, or effects of disability impeded acknowledgement

_____ Emergency care impeded acknowledgement.

_____ Other, please specify _____

If Personal Representative's signature appears above, describe Personal Representative's relationship to the patient:
