

Acknowledgement of Receipt of Notice

Primary Care Partners, PC
Compliance Officer 970-254-2609

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate.

- Relationship:
- parent or guardian of minor patient
 - Spouse
 - guardian or conservator of an incompetent patient
 - beneficiary or personal representative of deceased patient

Names of adults on this account: _____

Names of children under the age of 18 on this account _____

For Office Use Only:

Account # _____

Í Signed form received by: _____

Í Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

