

Acknowledgement of Receipt of Notice of Privacy Practices

Ponderosa Family Physicians

14991 E. Hampden Ave. #210
Aurora, CO 80014
303-690-4891

Print Name of Patient: _____ DOB _____

I hereby acknowledge that I received a copy of Ponderosa Family Physicians' Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of patient
- beneficiary or personal representative

For Office Use Only:

Í Signed form received by: _____

Í Acknowledgment refused.

Efforts/Reasons: _____
