ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, [Individual's name] acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of South Boulder Healing Center, PLLC, Decker Family Chiropractic, Inc., Christopher Rowenhorst, D.C. and Hillary E. Rowenhorst, D.C., which describes the Practices' policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practices.

_____ Date

_____ Signature

_____ Print Name

FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT

The Practices have made a good-faith effort to obtain an acknowledgement of _____ [Individual's name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practices have been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

___ Patient Unavailable
___ Patient Physically Unable
___ Patient Unwilling

In an effort to obtain the patient's acknowledgement, the Practices have attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply) :

___ Personally ___ Mail ___ Phone Follow Up
___ Other: _____

_____ Date

_____ Signature

_____ Print Name of Physician

South Boulder Healing Center, PLLC • Decker Family Chiropractic, Inc.
Christopher Rowenhorst, D.C. • Hillary E. Rowenhorst, D.C.

Please direct any of your questions to:

Contact: Alva LacQuement Office Manager
Telephone: 303-499-5000
Address: 4150 Darley Ave., Ste. 6 Boulder, CO 80305
Email: sbc@rockynet.com

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