



Please fill out and return.

Acknowledgment of Receipt of Notice of Privacy Practices

This document is to be signed by a person legally responsible for the client's medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Rivergate Natural Healthcare has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

Kristen Lum, ND, LAc @ 970.382.9100

I understand that I am entitled to receive updates upon request if Rivergate Natural Healthcare amends or changes its Notice of Privacy Practices in a material way.

Signature

Relationship to Client (If signed by someone other than client)

Date

This section is to be completed by Rivergate Natural Healthcare, if unable to obtain written acknowledgement from client.

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named client, but was unable to because:

Client declined to sign the Written Acknowledgment

Other (specify): _____