

Acknowledgement of Receipt of Notice

AGUIRRE SPECIALTY CARE

9800 Mt. Pyramid Ct. Suite 300

Englewood, CO 80112

(303) 322-0500

I hereby acknowledge that I have 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
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

For Office Use Only:

í Signed form received by: _____

í Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____
