



Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I received Cherry Creek Wellness Center, Inc.'s Notice of Privacy Practices.

Patient Name: _____

Date of Birth: _____

Patient Signature: _____

Date: _____

Cherry Creek Wellness Center, Inc.'s LEGAL DUTY

Cherry Creek Wellness Center, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Cherry Creek Wellness Center, Inc. uses your personal health information primarily for treating; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Cherry Creek Wellness Center, Inc. may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Cherry Creek Wellness Center, Inc. may also use and disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Cherry Creek Wellness Center, Inc.'s policy is to obtain your written authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Cherry Creek Wellness Center, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Cherry Creek Wellness Center, Inc. will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Cherry Creek Wellness Center, Inc. may have violated your privacy right or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Cherry Creek Wellness Center, Inc.'s health information practices or if you have a complaint, please contact the following person:

**Cherry Creek Wellness Center, Inc.
R. Dean Hasse, P.T., A.N.M.T.
Effective November 8, 2004**

Documentation of Good Faith Efforts to Obtain Patient's acknowledgement that they received CCWC's Notice of Privacy Practices

The patient presented to the office on _____ and was provided with a copy of CCWC's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of hi/her receipt of the Notice. However, such acknowledgment was not obtained because:

- Patient refused to sign
- Patient was unable to sign or initial because: _____
- The patient had a medical emergency, and an attempt to obtain the Acknowledgment will be made at the next available opportunity
- Other reason _____

Signature of employee completing form

Date