



## Acknowledgement of Receipt of Notice of Privacy Practices

Aspen Park Pediatrics 25797 Conifer Rd. Suite B110, Conifer, Colorado 80433

Carol Turner MD. Privacy Official (303) 838-3355

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

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

Name and Address of Patient/Patients:

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EMAIL: \_\_\_\_\_