Acknowledgement of Receipt of CPR Privacy Practices

You have been provided with a copy of the Notice of Privacy Practices for Colorado Pain & Rehab.

If you choose not to keep your copy of the Notice of Privacy Practices, you can always access another copy by inquiring with the staff at the office. For your convenience, there is also a copy posted in the lobby of our clinic.

By signing here you acknowledge that you have received and understand the Colorado Pain & Rehab Notice of Privacy Practices.

Patient Name: _____

Print Name | Signature | Date

- OR -

Patient Representative: _____

Print Name & Relationship to Patient | Signature | Date