

## **HIPAA: Acknowledgment of Receipt of Notice of Privacy Practices**

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

I, \_\_\_\_\_, hereby acknowledge that Inner Ocean Center for Healing, LLC 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:

Inner Ocean Center for Healing, LLC  
720-441-2392

I also understand that I am entitled to receive updates upon request if Inner Ocean Center for Healing, LLC amends or changes its Notice of Privacy Practices in a material way.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Relationship to Patient, if signed**

By someone other than the patient

\_\_\_\_\_  
Date

**THIS SECTION IS TO BE COMPLETED BY INNER OCEAN CENTER FOR  
HEALING IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM  
PATIENT.**

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

( ) Patient declined to sign this Written Acknowledgment

( ) Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Name and title of employee

\_\_\_\_\_  
Date