



**FAMILY CARE**  
SOUTHWEST, P.C.

6169 S Balsam Way, Suite 250  
Littleton, CO 80123

Office: 303-933-4555  
Fax: 303-933-8147

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with a copy of the Practice's Notice of Privacy Practices.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient (or Patient Representative\*) Signature

\_\_\_\_\_  
Date

---

### For Practice Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

\*If Patient Representative is signing, legal documentation must be included designating authority to sign or receive information. This form must be maintained for 6 years.