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## ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF PRIVACY PRACTICES"

**Effective Date:** December 1, 2015 (Updated Notice – as required by Federal Regulations)

I hereby acknowledge that a copy of Pikes Peak Urology, PC current **Notice of Privacy Practices** was offered to me and is available in the following formats:

I received the PPU **Notice of Privacy Practices** by one of the following means:

- Hard Copy
- Reviewed in the PPU Reception Area       Reviewed on the PPU Website  
www.ppuuro.com
- Refused copy of Notice of Privacy Practices. Any specific reason for refusal:  No  
 Yes, please indicate why: \_\_\_\_\_

A copy of any amended Notice of Privacy Practices will be available at each appointment and you may request it in any of the available formats listed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

This document will be scanned into your electronic health record.