



Metro Denver Pain Management

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PRIVACY PRACTICES DISCLOSURE ACKNOWLEDGEMENT

It is the policy of Metro Denver Pain Management to disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information on how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices *before* you sign this acknowledgement.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office at 303-750-8100. You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by that agreement.

The undersigned hereby acknowledges receipt of Metro Denver Pain Management Notice of Health Information Privacy Practices.

Signed: _____

Date: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient.