

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
BOULDER MEDICAL CENTER, P.C.**

As required by the Privacy Regulations, I hereby acknowledge that I have read the current copy of **Boulder Medical Center's** "NOTICE OF PRIVACY PRACTICES," and understand my rights contained in the notice.

As required by the Privacy Regulations, I am aware that **Boulder Medical Center, P.C.** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

I wish to be **excluded** from being reminded of my appointments at home through BMC's automated appointment reminder system or by a call from a receptionist.

I wish to file a "Request for Alternative Communications" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practices":

I understand that Boulder Medical Center is not required to honor any changes based on my objections, listed above, to the "Notice of Privacy Practices."

By way of my signature, I provide Boulder Medical Center, P.C. with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient or Authorized Patient Representative Signature

Date

Print Patient Name

Patient's Chart#

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Chart stamped with NPP _____

Input into McKesson system _____

Good faith effort to obtain receipt: (Describe) _____

