



Acknowledgement of Receipt of Notice of Privacy Practices

Colorado Springs Neurological Associates

I hereby acknowledge that I received or reviewed a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment and available for review online at www.CSNA.com

Signed: _____ Date: _____

Print name: _____ Telephone: _____

- I am:
- the patient
 - a parent or legal guardian of patient
 - a guardian or conservator of incompetent patient unable to sign themselves