



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This document is to be signed by a person legally responsible for the client's medical decisions relative to the treatment situation.

I, \_\_\_\_\_, hereby acknowledge that Namaste Health Center has provided me with a copy of its **Notice of Privacy Practices** that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

**Nasha Winters, ND, L.Ac • 970-247-2043**

I also understand that I am entitled to receive updates upon request if Namaste Health Center amends or changes its **Notice of Privacy Practices** in a material way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client  
if signed by someone other than client.

\_\_\_\_\_  
Date

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**THIS SECTION IS TO BE COMPLETED BY NAMASTE HEALTH CENTER  
IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM CLIENT.**

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named client, but was unable to because:

- Client declined to sign this Written Acknowledgment.
- Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Name and title of employee

\_\_\_\_\_  
Date