



Acknowledgement of Notice of Privacy Practices

Patient's Name (please print) _____ Date of Birth _____

I have received a copy of Rocky Mountain Primary Care Privacy Practices.

Signature of Patient or Patient representative _____ Date _____

Contact persons with whom we may discuss your care, give test results and account and billing information:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

May we leave confidential information on voicemail or answering machines listed below?

Home Phone _____ Yes _____ No _____

Work Phone _____ Yes _____ No _____

Cell Phone _____ Yes _____ No _____

Arvada
5730 Ward Rd
Ste 102
Arvada, CO 80002
303-422-6331

Lakewood
8585 W 14th Ave
Ste B-2
Lakewood, CO 80215
303-238-1201

Northwest
51 W. 84th Ave
Ste 300
Thornton, CO 80260
303-428-053

92nd Avenue
7625 W. 92nd Ave.
Westminster, CO 80021
303-252-7790