

Integrity Family Healthcare
1465 Kelly Johnson Boulevard
Suite 100
Colorado Springs, CO 80920

Notice of Privacy Practices-Patient Acknowledgement

IFHPC and the staff are committed to safeguarding the privacy and confidentiality of your medical records, including the personal information that you share with us. We comply with the HIPPA rules of 1996.

To assist us in protecting your privacy, please complete the following:

1. Patient Name (please print) _____

2. Date of Birth _____

3. Home Phone and/or any other _____

May we leave a message to call our office? Yes or No

May we leave a test result? Yes or No

If there is another please explain _____

4. Work Phone _____

May we contact you, or leave a message for you at this number? Yes or No

May we speak to someone else regarding your medical care? Yes or No

Name of Person(s): Relationship: Contact Number:

I HAVE BEEN MADE AWARE OF THE PRIVACY POLICIES OF IFHPC AND THE OFFICE AND HAVE RECEIVED A COPY (UPON REQUEST) OF THE HIPPA NOTICE OF THE PRIVACY PRACTICES-PATIENT ACKNOWLEDGEMENT.

Signed: _____ Date _____