

Boulder Valley Asthma and Allergy Clinics, P.C.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

I, \_\_\_\_\_ have received a copy of Boulder Valley Asthma and Allergy Clinic's Notice regarding Privacy of Personal Health Information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**For Office Use Only**  
\_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Patient was unable to sign because of \_\_\_\_\_
  - Other (please specify)
- \_\_\_\_\_  
\_\_\_\_\_

