



PATHWAYS TO WELLNESS, LLC
Step into your healing journey

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received information on how to access a digital copy of this office's notice of privacy practices via the website www.pathwaystowellnessllc.com and understand I have the right to request a paper copy at any time if that is my preference.

I agree to review these policies online, or on paper if I have requested a paper copy, to understand when my personal health information can be shared without my consent. Two specific examples of such disclosures include, but are not limited to, the following:

1. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
2. If disclosure is mandated by the Colorado Child Welfare law. For example, if I have a reasonable suspicion of child abuse or neglect.

Patient name: _____ Relationship: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

FOR OFFICE USE ONLY:

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

- Patient refused to sign
 Communication barriers prohibited obtaining the acknowledgment.
 An emergency situation prevented this office from obtaining it.
 Others: _____