



899 Logan Street, Suite 307
Denver, CO 80203
(303) 756 1197

Receipt of Privacy Practices

I have received a Notice of Privacy Practices, which describes Elevated Insights' methods for protecting the privacy of my health information that is used in providing health care services to me/my child at Elevated Insights Assessment.

Client Name

Client/Guardian signature

Date

Note: Practice retains this signed page. Client retains the Notice of Privacy Practices document.