

Denver Endocrinology, Diabetes & Thyroid Center, P.C.

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PRIVACY NOTICE SIGNATURE FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Print Name of Patient: _____ Birth date: _____

Print Name of Authorized Representative (if applicable):

Signature of Patient or Authorized Representative:

Date: _____

Comments of Denver Endocrinology, Diabetes & Thyroid Center regarding why a written acknowledgement was not obtained:
