



**FRONT RANGE
SPINE &
NEUROSURGERY**

Acknowledgement of Receipt of Notice of Privacy Practices

I _____ acknowledge that I have received
A copy of Front Range Spine & Neurosurgery Notice of Privacy Practices. This Notice describes
how Front Range Spine & Neurosurgery may use and disclose my protected health information,
certain Restrictions on the use and disclosure of my healthcare information, and rights may have
regarding my protect heath information.

Signature of Patient or Personal Representative

Date

Relationship to Patient

Lone Tree
10099 RidgeGate Pkwy, Suite 490
Lone Tree, CO 80124

Aurora
1390 S. Potomac, Suite 100
Aurora, CO 80012

Colorado Springs
3120 N. Union Blvd. Suite 330
Colorado Springs, CO 80907