

## NOTICE OF PRIVACY PRACTICES

Exempla Surgical Specialists  
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### ACKNOWLEDGEMENT FORM

The attached form describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

I have received the Notice of Privacy Practices (HIPPA packet)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_