

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, [Individual's name] acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Bellies, Babies and Beyond Boulder, LLC and Dr. Beth Hoffman, D.C., which describes the Practices' policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT**

The Practices have made a good-faith effort to obtain an acknowledgement of \_\_\_\_\_ [Individual's name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practices have been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient Unavailable
- Patient Physically Unable
- Patient Unwilling

In an effort to obtain the patient's acknowledgement, the Practices have attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply) :

- Personally
- Mail
- Phone Follow Up
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Physician.

Beth Hoffman, D.C.

Bellies, Babies and Beyond Boulder, LLC

Please direct any of your questions to:

Contact: Dr. Beth Hoffman, D.C.  
Telephone: 303-710-5136  
Address: 2800 Folsom St, Suite D, Boulder, CO 80304