

Cornerstone Wellness & Medical Massage Group
5912 S Cody Street, Suite 215
Littleton, CO 80123
303-979-0342

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from
Cornerstone Wellness & Medical Massage Group

Cornerstone Wellness & Medical Massage Group shall collect an acknowledgment of
the provision of its Notice of Privacy Practices to all patients.

Please sign below after receiving the Notice of Privacy Practices.

I acknowledge receipt and availability of the Notice of Privacy Practices.

X _____
Signature

Date of Acknowledgement

In lieu of patient signature, I, _____, a staff member
state that _____ has been given our current
Privacy Practices.

X _____ Date _____