***Rejuvenation Therapy, PLLC***

***609 E. Speer Blvd., Suite #150, Denver, CO 80203***

***Phone (303) 725-6958***

**Acknowledgement of Notice of Privacy Practices**

Rejuvenation Therapy, PLLC is required by law to protect the privacy of your personal health information, provide this notice about or information practices and follow the information practices that are described herein. If you have any questions, please bring them to our attention.

**Uses and Disclosures of Health Information**

Rejuvenation Therapy, PLLC uses your personal health information primarily for treating and evaluating the quality of care. For example, Rejuvenation Therapy, PLLC may use your personal health information to contact you to provide appointment reminders, newsletters or information about promotional offers.

Rejuvenation Therapy, PLLC may also use your information when required by law. Our policy is to obtain your written authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

**Patient’s Individual Rights**

You have to right to review or obtain a copy of your personal health information at any time. You have to right to request that we correct any inaccurate or incomplete information in your records. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes, except when specifically authorized by you, when required by law or in emergency circumstances.

You may refuse to sign this authorization and such refusal will not affect treatment or payment.

I hereby acknowledge that I received and have read Rejuvenation Therapy, PLLC Notice of Privacy Practices.

**Concerns and Complaints**

If you are concerned that Rejuvenation Therapy, PLLC may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice at the address or phone number listed above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_