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**ACKNOWLEDGEMENT OF
RECEIPT OF PRIVACY PRACTICES**

Client Name: _____

Date of Birth: _____

Client Name: _____

Date of Birth: _____

We have received Louis Hoffman, PhD, PC's Notice of Practice written in plain language. The notice provides in detail the uses and disclosures of our protected health information that may be made by this practice, our individual rights, how we may exercise these rights, and the practice's legal duties with respect to our information.

We understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. We understand we can obtain this practice's current Notice of Privacy Practices upon request.

Signature: _____

Date: _____

Signature: _____

Date: _____