



PURA VIDA HEALTHCARE
a holistic cooperative

Acknowledgment of Receipt of Privacy Practices

This document is to be signed by a person legally responsible for the client's medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Pura Vida Natural Healthcare has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information.

I understand that if I have questions or complaints I may contact:
Nicola St. Mary, ND • 970-759-1293

I also understand that I am entitled to receive updates upon request if Pura Vida Natural Healthcare amends or changes its Notice of Privacy Practices in a material way.

Signature

Relationship to Client
(if signed by someone other than client)

Date