



6260 E. Colfax Avenue, Denver, CO 80220
Medical Clinic Phone 303.962.5317 | Medical Clinic Fax 720.372.7849
Dental Clinic Phone 303.863.0772 | Dental Clinic Fax 303.832.7823

Registration of Documents

Client: Name: _____

Date of Birth: ____ / ____ / ____

HIPAA Notice of Privacy Practices Acknowledgement:

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you a copy of the Notice of Privacy Practices, were we disclose our privacy practices, our legal duties, and your rights concerning your health information. You have read HIPAA Notice of Privacy Practices Acknowledgement and had any question about them answered. By initialing below, you acknowledge that you have received and/or been offered a copy of the HIPAA Notice of Privacy Practices Acknowledgement and you understand them.

Initial _____

Patient Grievance Policy:

Howard Dental Center strives to bring the highest quality, compassionate dental care to all individuals. Colorado Health Network Medical Clinic strives to bring the highest quality, compassionate medical care to all individuals. We welcome comments on the quality of our work. If you feel like you have not received adequate care you have the right and responsibility to complain to our dental director and our clinical service officer. You have read the Patient Grievance Policy and had any question about them answered. By initialing below, you acknowledge that you have received and/or been offered a copy of the Patient Grievance Policy and you understand them.

Initial _____

Patient Policies:

We provide comprehensive and integrated oral health care and medical care to adults, youth, and children living with, and affected by, HIV/AIDS in a compassionate and professional atmosphere. You have read the Patient Policies and had any question about them answered. By initialing below, you acknowledge that you have received and/or been offered a copy of the Patient Policies and you understand them.

Initial _____

By signing below you agree that you understand and were notified of all three policies.

Client Signature _____

Date _____

Guardian Signature _____

Date _____

(If different from the client listed)

Witness Signature _____

Date _____