

COLORADO GUM CARE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____ have been offered a copy of this office's Notice of Privacy Practices and acknowledge the Prescription Drug Monitoring notice below.

Senate Bill – 192, Prescription Drug Monitoring.

(1.5) EACH PRESCRIBER AND EACH DISPENSING PHARMACY SHALL DISCLOSE TO A PATIENT RECEIVING A CONTROLLED SUBSTANCE THAT HIS OR HER IDENTIFYING PRESCRIPTION INFORMATION WILL BE ENTERED INTO THE PRESCRIPTION DRUG MONITORING PROGRAM DATABASE AND MAY BE ACCESSED FOR LIMITED PURPOSES BY SPECIFIED INDIVIDUALS

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (please specify)
-
-
-