Southwest Naturopathic
Medical Center

SOUTHWEST COLLEGE OF
SCNM
NATUROPATHIC MEDICINE

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Southwest Naturopathic's Notice of Private Practices.

Patient or legally authorized individual signature Date

Printed Name if signed on behalf of the patient Relationship (parent, legal guardian, Personal Representative, etc.)

Revisions (if any):

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 (please specify):