

Sunrise Family Practice PLLC  
10268 West Centennial Road, Suite 104, Littleton CO 80127  
303-738-5808

## Notice of Privacy Practices

Before completing this form, please read our Notice of Privacy Policies to gain a clear understanding of how we may use and disclose your Protected Health Information (PHI). You may request a copy of the Notice of Privacy Policies at any time. Any questions concerning our Notice of Privacy Policies may be directed to Nicole E. Hoffman D.O. at the above number.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

### Patient Consent Statement:

I have read and understand your Notice of Privacy Policies and consent to the use of my PHI for the purposes stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the signature above is other than the patient, please complete the following:

Name of person signing: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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To revoke the above consent (to be completed only if you no longer wish us to use your PHI in the manner stated in the Notice of Privacy Policies), please ask to complete the Patient Revocation Statement.