

**CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.**  
**411 MAIN STREET, FORT MORGAN, CO. 80654**  
**PHONE (970) 397-4609**  
**FAX (970) 483-7823**

**RECEIPT OF NOTICE OF PRIVACY RIGHTS**

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I acknowledge that I have received the Notice of Privacy Rights containing the following information:

My medical information will be used and disclosed for the purposes of treatment, payment, business operations, to determine health related services, to release information to individuals involved in my care, as required by law and to avert a serious threat to health and safety.

My rights regarding my information including the right to inspect, copy, or amend the record and to request an accounting of the disclosures of my information.

I also have the right to request confidential communications and to receive a paper copy of the Notice of Privacy Rights.

Other uses and disclosures of information not covered by the Notice of Privacy Rights or the laws will be made only with the written permission.

I have a right to file a complaint with the Department of Regulatory Agencies (DORA) or the Office of Civil Rights if I believe my privacy rights have been violated.

Department of Regulatory Agencies  
1560 Broadway, Suites 1350  
Denver, CO 80202  
(303) 894-7766

Office of Civil Rights  
1961 Stout St. – Room 1426  
Denver, CO 80294  
(303) 844-2024

Your therapist reserves the right to change the Notice of Privacy Rights.

x \_\_\_\_\_  
Signature of Client or Legal Representative

x \_\_\_\_\_  
Date

