

**UNIVERSITY OF DENVER  
STUDENT HEALTH AND COUNSELING CENTER**

Please complete this page and FAX to: 303.871.4242

Or mail to: DU Health and Counseling Center  
University of Denver  
Denver, CO 80208

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received the Notice of Privacy  
(print name)

Practices from the University of Denver Health & Counseling Center.

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

In lieu of patient signature, I, \_\_\_\_\_, a staff member  
(print name)

of the University of Denver Health & Counseling Center, state that \_\_\_\_\_

\_\_\_\_\_ has been given our current Notice of Privacy Practices.

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