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### **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

#### **To respect your privacy:**

With my consent, Sage Health Care, LLC may communicate with you regarding appointments, reminders, test results, and other health concerns:

- \_\_\_\_\_ phone messaging
- \_\_\_\_\_ texting
- \_\_\_\_\_ e-mail
- \_\_\_\_\_ mail my home/ P.O. Box
- \_\_\_\_\_ Fax to: \_\_\_\_\_

I, \_\_\_\_\_ hereby read and acknowledge that I have been presented with a copy of Sage Health Care, LLC Notice of Privacy Practices.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date