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ACKNOWLEDGEMENT OF ACCESS TO NOTICE OF PRIVACY PRACTICES

I have been provided access to a copy of the Privacy Practices followed by Accelerated Recovery Specialists, P.C.
Upon my request a copy will be given to me for my records.

- Copy Requested No Copy Requested

Name: (Print) _____

Signature _____ Date _____

I understand that a copy of this acknowledgement will become a permanent part of my medical records with Springs Rehabilitation, PC.

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other _____

Signature of Accelerated Recovery Specialists Staff Member