



**Denver East:** 3894 Olive St. 80207 303.320.8352  
**Lafayette:** 1285 Centaur Village Dr. 80026 303.665.2341  
**Englewood, Bella:** 180 E Hampden #100 80113 303.789.4968

**B E L L A**  
health + wellness  
WOMEN • MEN • CHILDREN

### Statement of Mutual Rights and Responsibilities of Clients and Marisol Health

I have reviewed this Statement with Marisol Health staff and I understand my rights and responsibilities as a client of Marisol Health. I also understand that Marisol Health has rights, as well as responsibilities to me.

I understand that Marisol Health routinely compares program enrollment lists from its various programs. I have been told that this is done to identify duplicate enrollments or to coordinate services. I understand that this information is used only for this internal purpose so that care may be coordinated and so that Marisol Health can produce accurate statistical reports. My confidentiality is protected throughout this process.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Witness – Marisol Staff Signature Date

### Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received/reviewed a copy of this medical practice's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Witness – Marisol Staff Signature Date