



Notice of Privacy Practices Receipt

I acknowledge that the physical therapy practice named at the top of this page provided me with the Notice of Privacy Practices.

Patient's Name: _____ Patient Date of Birth: _____

Patient's Signature: _____ Date: _____

Patient's Acct #: _____

If Signed by a Personal Representative

Name of Representative: _____

Signature of Personal Representative: _____

Relationship to Patient: _____

Signature of Results Physical Therapy Representative

Date

