

ACKNOWLEDGEMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES

Fit For Life Physical Therapy

I acknowledge that I have received a copy of Fit For Life's Notice of Privacy Practices. I understand that the Notice of Privacy Practices describes how Fit For Life may disclose and use my protected health information.

Patient Name: _____

Signature: _____ Date: _____/_____/_____

If signed by the patient's personal representative, indicate:

a. Name of signer: _____

b. Relationship to patient: _____

If acknowledgement not signed, indicate reason not signed and efforts made to have acknowledgment signed:

I authorize _____ to obtain medical, evaluation, and treatment
(Name/Relationship)
information, etc. in my stead, with my permission.

Original- attach to patient's medical record