

Integrated Physical Therapy

Acknowledgment of Receipt of Privacy Practices

The Integrated Physical Therapy Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received the Notice of Privacy Practices.

Name of Patient _____

Address of Patient _____

Signature of Patient _____ **Date** _____

Name of Witness _____

Signature of Witness _____ Date _____

Inability to obtain Acknowledgement

If the patient refused to sign this form or it was otherwise not possible to obtain An acknowledgement of receipt of the Notice of Privacy Practices for Integrated Physical Therapy, please explain the good faith efforts made to obtain the patient's acknowledgement and the reasons why the acknowledgement was not obtained:

- The patient/representative refused to sign acknowledgement.**
- The patient/representative is unable to sign acknowledgement.**
- Other** _____.

Signature of staff member

Date

Other children that are family members that are covered under this acknowledgement by a parent or legal guardian

