

Core Dynamics Physical Therapy

308 WILLOW AVENUE HOBOKEN, NJ 07030 • Ph: 201-568-5060 • FAX 201-568-5061

September 23, 2013

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, do hereby
acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and
Procedures.

Signature of Individual: _____

Date: _____

In the event this request is made by the individual's personal representative:

Signature of Personal Representative

Date

Legal Authority of Personal Representative