



PHYSICAL THERAPY
PLLC

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I, _____, acknowledge
(insert name of patient)

receipt of copy of Provider's NOTICE OF PRIVACY PRACTICES.

Date: _____

Patient or Legal Gardian Signature: _____

Legal Guardian Name: _____

Received by:

(Print Name of Staff Member)

(Signature of Staff Member)