

Black Rock Physical Therapy Acknowledgement of Receipt of Notice of Privacy Practices

Privacy Officer: Mandi Jennings, Office Manager

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's of Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate your relationship to the patient: _____

For office use only:

Signed form received by:

____ Acknowledgement refused

Efforts to obtain:

Reasons for refusal:

HIPPA Updated 2012