



### **Acknowledgement of Receipt of Notice of Privacy Practices**

Your information will be kept private and secure. Any information requested by an outside source, such as an Insurance company or doctor's office, will require proper authorization from the patient.

\_\_\_\_ Yes, I have been made aware of Physical Therapy Plus' Privacy Policy and have been offered a copy of the HIPAA Statement

\_\_\_\_\_ Patient Signature                      Date \_\_\_\_\_

\_\_\_\_\_ Employee Signature                      Date \_\_\_\_\_