

Acknowledgment of Receipt of Notice

PEARSON PHYSICAL THERAPY, PC

PHYSICAL THERAPY SERVICES

Trish Hill, ADMINISTRATIVE SERVICES MANAGER

PRIVACY OFFICER

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:_____.

Signed:_____

Date:_____

Print Name:_____

Phone:_____

If not signed by patient, please indicate.

Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient:_____

For Office Use Only:

Signed form received by:_____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

