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## ACKNOWLEDGEMENT RECEIPT NOTICE OF PRIVACY PRACTICES

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### \*\*You May Refuse to Sign This Acknowledgement\*\*

- A. I have received/read a copy of this office's Notice of Privacy Practices. YES NO initial\_\_\_\_\_
- B. I agree to the open treatment area. YES NO Initial\_\_\_\_\_
- C. I agree that PT/PTA students may participate in my physical therapy care. YES NO Initial\_\_\_\_\_
- D. I agree that a private treatment area is not necessary. YES NO Initial\_\_\_\_\_
- E. I agree that, due to this open format, unauthorized individuals may have the opportunity to learn of my protected health information. YES NO Initial\_\_\_\_\_
- F. I agree that I must sign a sign-in sheet at each visit and I understand that subsequent visitors have opportunity to read my name. YES NO Initial\_\_\_\_\_
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**X**

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Signature

Please Print Name

Date

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### For Office Use Only

**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

\_\_\_\_\_ Individual refused to sign.

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement.

\_\_\_\_\_ Emergency situation prevented us from obtaining acknowledgement.

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

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