



PHYSICAL THERAPY  
& WELLNESS CENTER

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(45 cfr § 164.520(c)(2)(ii))

This is to acknowledge my receipt of Rehabilitation Health Center, Inc.'s Notice of Privacy Practices (effective April 14, 2003) on the date stated below.

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Name of Personal Representative (if applicable)

\_\_\_\_\_  
Description of Representative's Authority to Act (if applicable)