



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)