

# REBOUND PHYSICAL THERAPY

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

\* You may refuse to sign the acknowledgement \*

I have received / been offered a copy of this office's Notice of Privacy Practices:

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

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
DATE

### FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented obtaining the acknowledgement
- Other (please specify)

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