

REBOUND PHYSICAL THERAPY

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Print Patient Name

Signature

Date

A copy of our Notice of Privacy Practices, can be provided upon your request.

FOR OFFICE USE ONLY

We have attempted to obtain written acknowledgement of our Notice of Privacy Practices, but were unsuccessful in our attempts due to one of the following:

- Individual refused to sign
- Communication barriers prohibited our office from obtaining the acknowledgment
- An emergency situation prevented our office from obtaining the acknowledgment
- Other (please specify)
