

ACKNOWLEDGEMENT OF NOTICE

I have received and read the Notice of Privacy Practices provided by Norfolk Physical Therapy Center. I understand how my private information may be used and disclosed and I also understand my rights regarding my private health information.

I acknowledge receipt of Norfolk Physical Therapy Centers Notice of Privacy Practices.

Patient Signature

Date

Patient Name

NPTC Witness

Date

HOW MAY WE CONTACT YOU REGARDING APPOINTMENTS?

I _____ do _____ do not authorize NPTC to leave messages regarding appointments at the following locations:

_____ yes _____ no home (answering machine)

_____ yes _____ no work _____ (please provide number)

_____ yes _____ no cell phone _____ (please provide number)

_____ yes _____ no email _____

_____ yes _____ no family members (please list) _____

