

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Edgewater Orthopedic Physical Therapy will use and disclose your personal health information to treat you in order to receive payment for the care we provide, and for the health care operations. Edgewater Orthopedic Physical Therapy operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies about your personal health information. The terms of this notice may change with time and we will always post the current notice at our facility, on our website, and have copies available for distribution.

I, _____ (please print name), have received a copy of this facility's Notice of Privacy Practices.

Signature

Date

For Office Use Only

- We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledge could not be obtained because:
- Individual refuse to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other(please specify)_____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT FORM AFTER YOU SIGN

Include completed consent in the patient's medical record