

## Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, have received the notice of Privacy Practices from *ProCare* Physical Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In lieu of patient signature, I, \_\_\_\_\_, a staff member of *ProCare* Physical Therapy, state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_