

**RIDGEWOOD PHYSICAL THERAPY
and Rehabilitation Center**

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

NOTICE TO PATIENT:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgment if you wish.

_____ acknowledges that I have received a copy of this office's Notice

(PRINT YOUR NAME)

of Privacy Practices.

PATIENT SIGNATURE

DATE

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Practices from this patient but it could not be obtained.

- *The patient refused to sign*
- *Due to an emergency situation it was not possible to obtain acknowledgement*
- *We were not able to communicate with the patient*
- *Other: _____*

Employee Signature: _____ Date: _____

HIPPA Acknowledgement of Receipt of the Notice of Privacy Practices

This form does not constitute legal advice and covers only Federal Law and not State Law.