

**ACKNOLEDGEMENT OF RECEIPT OF *NOTICE OF PRIVACY PRACTICES***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received the *Notice of Privacy Practices* from *Elevation Physical Therapy*.

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

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

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