



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY  
PRACTICES FOR PROTECTED HEALTH INFORMATION**

I acknowledge that I have received Atlas Therapy's Notice of Privacy Practices for protected health information.

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Signature of Patient/Personal Representative

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Date

**Notes:** This written Acknowledgement must be completed no later than the first date health care services or treatment is provided to the patient after April 14, 2003. This Acknowledgement must be retained in the patient's permanent records.