



Atlas Therapy, Specialized Physical Therapy

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

I acknowledge that I have access to Atlas Therapy's Notice of Privacy Practices for protected health information. This information is available on the website and I can get a printed copy upon request.

Date: _____

Name of Patient: _____

Print Name

Signature of Patient/Personal Representative

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.