

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices

print name

from Layne Physical Therapy Sport Rehabilitation, LLC.

Signature: _____

Date:

or

In lieu of patient signature, I, _____, a staff member of Layne Physical Therapy, LLC, state that _____

patient name

has been given our current Notice of Privacy Practices on _____.