Acknowledgement of Receipt of Notice of Privacy Practices

Eldorado Physical Therapy, Inc.

Deborah Cook MSPT, Privacy Official 505-466-2500

I hereby acknowledge that I have been offered this medical practice’s Notice of Privacy Practice. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment. Please note that our policy is posted on our website for your reference.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not signed by patient, please indicate relationship:

 Parent of guardian of a minor patient

 Guardian or conservator of an incompetent patient