

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Eldorado Physical Therapy

Deborah Cook MSPT Privacy Official 466-2500

I hereby acknowledge that I been informed of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice is posted in the reception area, and that a copy of the amended Notice of Privacy Practices will be available to me at each appointment if I choose to request one.

\_\_\_\_\_ I would like to receive a copy of the Notice of Privacy Practices

\_\_\_\_\_ I prefer to review the posted Notice of Privacy Practices in the reception area and understand that a copy will be made available to me at my request.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

Date \_\_\_\_\_ Phone \_\_\_\_\_

If not signed by the patient, please indicate relationship:

\_\_\_\_\_ Parent or guardian of minor patient

\_\_\_\_\_ Guardian, Health Care Power of Attorney or Conservator of an incapacitated patient