



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ have received the Notice of Privacy Practices from Precision Physical Therapy.

I may be contacted at the numbers/address listed below regarding my current treatment, scheduling, or financial arrangements. The best method of contact is: (please check one)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

You may communicate with family members listed below regarding my current treatment, scheduling, or financial arrangements:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PATIENT:    SELF    PARENT    OTHER \_\_\_\_\_

Precision Physical Therapy  
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