



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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