



Privacy and Disclosure Acknowledgement Form

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose your personal health information (PHI). As provided in our NPP, we have the right to change the terms of our NPP. If we change our NPP, you have the right to obtain a revised copy. By signing below, you acknowledge that you have been informed of our NPP and offered a copy of the document.

Patient or Guarantor Signature

Printed Name

Date

Relationship to Patient

Patient refuses to sign.

Reason: _____

PHYSICAL REHABILITATION CENTERS

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