



Fairhope
Physical Therapy Services, Inc.

Celebrating Our 20th Year

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided the Notice of Privacy Practices from Fairhope Physical Therapy Services, Inc.

It informs me of how Fairhope Physical Therapy will use my health information for the purposes of my treatment, payment for my treatment and health care operations.

The notice explains in more detail how Fairhope Physical Therapy may use and share my health information for other than treatment, payment, and health care operations.

Fairhope Physical Therapy will also use and share my health information as required/permitted by law.

Patient's **complete legal name** (please print) _____

Patient's Date of Birth _____ Todays date _____

Signature _____
Patient or legal representative*

*May be requested to show proof of representative status