

Form 1-03A

Patient Name: _____

FIT Physical Therapy
Receipt of Notice of Patient Information Practices
Written Acknowledgement Form

I, _____, have :

(Patient, Parent, Legal Guardian, or Power of Attorney)

1. Received a copy of FIT Physical Therapy's Notice of Patient Information Practices

OR

2. Had an opportunity to read the Notice of Patient Information Practices, been offered a paper copy of the document and declined receipt of the document at this time. I understand that I have a right to receive a copy at any time.

_____ Signature _____ Date

(Acknowledgement form good for one year from date of signature)

(01/2010)