Owoc Physical Therapy & Associates, LLC OwocPhysicalTherapy.com

20 Commerce Park N. / Ste. 103 603.472.5546 tel.
Bedford, NH 03110 603.472.5095 fax

Acknowledgment of Notice of Privacy Practices

Owoc Physical Therapy & Associates, LLC reserves the right to modify the privacy practices outlined in the notice.

_____
Signature

☐ I have received a copy of the notice of privacy practices for Owoc Physical Therapy & Associates, LLC.

☐ Please do not use my information for fund-raising purposes. (if left unmarked I permit my name and address to be used in fundraising efforts)

☐ Please do not use my information for marketing purposes. (If left unmarked I understand I may receive marketing communications from Owoc Physical Therapy & Associates, LLC)

_____
Name of Patient (Print or Type)

_____
Signature of Patient

_____
Date

_____
Signature of Patient Representative (this line may be used to document the name of a requested Personal Representative and the relationship to the patient)
(Required if the patient is a minor or an adult who is unable to sign this form)

_____
Relationship of Patient Representative to Patient

STAFF USE ONLY BELOW DOUBLE LINES

❑ The patient cannot sign the acknowledgment and a personal representative is not available

_____
(brief reason patient unable to sign)

❑ The patient refuses to sign the acknowledgment,

_____
(brief reason patient refuses to sign)

❑ Attempt made on ___/___/_____ to obtain acknowledgement of Notice of Privacy Practices reason not obtained:

❑ pt. undergoing emergency treatment ❑ pt. declined to sign ❑ other

_____
(brief reason not obtained)

_____
Staff Print Name, Sign, and date