

Acknowledgement of Receipt: Notice of Privacy Rights

I acknowledge receipt of a copy of the Notice of Privacy Practices from South Sound Physical & Hand Therapy.

Print Name _____

Patient or Guardian Signature _____ Date _____

I hereby give permission for South Sound Physical & Hand Therapy to leave a detailed message on my voicemail/ answering machine.

Patient or Guardian Signature _____ Date _____

In addition to those described in the Privacy Policy, I give my permission for South Sound Physical & Hand Therapy to discuss my healthcare and billing information with the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient or Guardian Signature _____ Date _____