**O.S.R. Physical Therapy**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, , have received the Notice of Privacy Practices from

O.S.R. Physical Therapy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

In lieu of patient signature, I,

a staff member of O.S.R. Physical Therapy state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has been given our current Notice of Private Practices, or was offered a copy and

declined to take one.

Employee Signature: Date: