



Orthopedic & Sport Rehabilitation, LLC

PATIENT INFORMATION -This information is confidential

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have been offered a copy of the Notice of Privacy Practices from O.S.R. Physical Therapy and have received a copy or declined to take one.

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: _____