

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____ DOB: _____

I, _____, hereby acknowledge that Somerset Family Physical Therapy has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact: Practice Privacy Contact at 732-356-5363.

I also understand that I am entitled to receive updates upon request if Somerset Family Physical Therapy amends or changes its Notice of Privacy Practices in a material way.

Signature

Relationship to Patient

Date

THIS SECTION IS TO BE COMPLETED BY SOMERSET FAMILY PHYSICAL THERAPY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign the Written Acknowledgement

Other (specify): _____

Somerset Family Physical Therapy
14M Worlds Fair Drive
Somerset, NJ 08873
732-356-5363

Name of employee

Date

Somerset Family Physical Therapy
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Somerset, NJ 08873
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