

ACKNOWLEDEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

****You may Refuse to Sign This Acknowledgement****

I, _____, have received a copy of Atlanta Physical Therapy Associates, Inc's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign ___

Communications barriers prohibited obtaining the acknowledgement ___

An emergency situation prevented us from obtaining acknowledgement ___

Other (Please Specify) ___
