

Therapy Innovations

Acknowledgment of Receipt of Notice of Privacy Practices

Effective: January 1, 2004

I have been provided a copy of the Therapy Innovations Notice of Privacy Practices and have been given a copy to read and ask questions.

Patient's
Signature: _____ Date: _____

If not signed by the patient, please indicate relationship:

Legal representative's Signature: _____ Date: _____
Relationship: _____