

**Form and Fitness  
Physical Therapy**

Acknowledgement of Privacy Policy

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Name of Patient (please print)

Date of Birth

I hereby acknowledge that I have been presented with the Form and Fitness Physical Therapy Privacy Policy and may receive a copy of the policy if I so choose.

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Signature of Patient

Date

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Documentation of Good Faith Efforts

To obtain patient's acknowledgement that they received provider  
Notice of Privacy Practices

\_\_\_\_\_ Patient refused to sign

\_\_\_\_\_ Patient was unable to sign or initial because: \_\_\_\_\_

\_\_\_\_\_ The patient had a medical emergency and an attempt to obtain the  
acknowledgement will be made at the next available opportunity.

\_\_\_\_\_ Other reasons (please describe): \_\_\_\_\_

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Signature of Employee Completing Form

Date