

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Peak Physical Therapy and Wellness.

X _____ Date _____
Signature

In lieu of patient signature, I, _____, a staff member of Peak Physical Therapy and Wellness, state that _____ has been given our current Notice of Privacy Practices.

X _____ Date _____
Signature

Discussion of Treatment/Medical Information

A. If you are accompanied to your physical therapy session(s) is it acceptable to discuss your medical information with the individual(s) present? Yes _____ No _____

B. Is there any individual, besides your doctor and involved health care practitioner(s), with whom Peak Physical Therapy and Wellness has permission to discuss your treatment plan/medical information? Please check as appropriate and print the individual's name:

Spouse/Significant Other	Y_____	N_____	_____
Son/Daughter	Y_____	N_____	_____
Son-in-law/Daughter-in-law	Y_____	N_____	_____
Friend	Y_____	N_____	_____
Other	Y_____	N_____	_____