



RS PHYSICAL THERAPY

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By Signing this form, you acknowledge that RS Physical Therapy Inc, has given you a copy of our Privacy Notice, which explains how your health information will be handled in various situations.

Check all that are true:

- ☐ I have received a copy of RS Physical Therapy Privacy Notice.
- ☐ RSPT has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient Signature

Date

Legal Representative/Parent/Guardian

Date

