

Notice of Privacy Practices Acknowledgment Form

As a patient of Endurance Physical Therapy, you have the right to know whom we may disclose information about you to. Information about our disclosures is provided in our Notice of Privacy Practices which was made available to you.

I acknowledge that I have received and/ or been offered a copy of the Notice of Privacy Practices by Endurance Physical Therapy.

Signature of Patient or Legal Representative

Date

Print Patient Name

Patient's Date of Birth