

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES FOR PROTECTED HEALTH INFORMATION**

I acknowledge that I have received Inspired Physical Therapy LLC Notice of Privacy Practices for protected health information.

Date: _____ Name of Patient: _____
Print Name

Signature of Patient/Personal Representative

Documentation of Good Faith Effort to Obtain Written Acknowledgement

I made a good faith effort to obtain the patient's written acknowledgement of our Notice of Privacy Practices for protected health information by (check all that apply):

- Showing the patient the Notice of Privacy Practices posted in our office.
- Giving the patient a copy of our Notice of Privacy Practices to read prior to receiving any treatment or service.
- Giving the patient all necessary information to obtain our Notice of Privacy Practices on our website.
- Asking the patient to sign this Acknowledgement form.
- Other (explain in detail) _____

I was unable to obtain the patient's written Acknowledgement because (check all that apply):

- The patient refused to sign this form.
- The patient would not sign the form because the patient said he/she did not understand the Notice.
- Other (explain in detail) _____

Date: _____ Name: _____

Notes: This written Acknowledgement must be completed no later than the first date health care services or treatment is provided to the patient after April 14, 2003 (or Practice start-up date). This Acknowledgement must be retained in the patient's permanent records.