

# Active Rehab Center, Inc.

## Active Rehab Center, Inc.

PHYSICAL THERAPY AND MASSAGE CLINIC

---

By signing below, I acknowledge that I am aware of the **Notice of Privacy Practices to Protect Health Information**. A hard copy of the **HIPPA** is available upon patient's request at the registration desc.

\_\_\_\_\_  
Print your Name:

\_\_\_\_\_  
Patient's Signature:

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature:

Date: \_\_\_\_\_

Documentation of Failure to Obtain Signed Acknowledgement on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

presented this Acknowledgement of Receipt of Notice of Privacy from to \_\_\_\_\_

\_\_\_\_\_  
The patient refused to provide signature when requested.

# Active Rehab Center, Inc.

## **Active Rehab Center, Inc.**

PHYSICAL THERAPY AND MASSAGE CLINIC

---

