



# ACKNOWLEDGEMENT OF RECEIPT

## NOTICE OF PRIVACY PRACTICES

**CHECK ONE:**

- I acknowledge receipt of a copy of the Notice of Privacy Practices from Rainier Physical Therapy.
- I have been offered a copy of the Notice of Privacy Practices for Rainier Physical Therapy, but I have chosen to decline a copy at this time.

**CHECK ALL BOXES BELOW THAT APPLY:**

- In addition to those described in the Privacy Policy, I give my permission for Rainier Physical Therapy to discuss my health care and billing information with the following people:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

- VOICEMAIL:**  
I hereby give permission for Rainier Physical Therapy to leave a detailed message on my voicemail/answering machine.

- EMAIL:**  
I hereby give permission to Rainier Physical Therapy to send me email messages regarding upcoming clinic events and patient educational newsletters. We will not sell or distribute your email address to any other entity.

\_\_\_\_\_  
Patient or Guardian Signature **Date:** \_\_\_\_\_

\_\_\_\_\_  
Print Name