

ADVANCED SPINE PHYSICAL THERAPY



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ACKNOWLEDGMENT OF NOTICE OF PATIENT INFORMATION PRACTICES

Name of Patient

Date of Birth

I hereby acknowledge that I received Advanced Spine Physical Therapy's Notice of Patient Information Practices

Signature of Patient or patient representative

Date

DOCUMENTATION OF GOOD FAITH EFFORTS

To obtain patient's acknowledgement that they received **Advanced Spine Physical Therapy's Notice of Patient Information Practices**

(For use when acknowledgment cannot be obtained from patient.)

The patient presented to the offices of Advanced Spine Physical Therapy on _____ and was provided with a copy of Advanced Spine Physical Therapy's Notice of Patient Information Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- ___ - Patient refused to sign
- ___ - Patient was unable to sign or initial because: _____

- ___ - Other reason: _____

Signature of Employee completing form

Date