

PRIVACY NOTICE OF OMAHA SPORTS PHYSICAL THERAPY, PC
WRITTEN ACKNOWLEDGEMENT

I have received the Omaha Sports Physical Therapy, PC Notice of Privacy Practices. My signature does not indicate that I have read, understood, or agree with the Notice, only that it has been provided to me.

Signature of Patient/Parent/Legal Guardian

Date

Relationship to Patient (if not the patient)

Documentation of Good Faith Effort

Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.

Omaha Sports Physical Therapy, PC Employee

Date

Explanation: _____

Patient Name: _____

(Last) (First) (MI) _____ Medical Record Number