

ACKNOWLEDGEMENT
RECEIPT OF NOTICE OF PRIVACY PRACTICES

Diamond Physical Therapy Associates, PC
410 Boston Post Road, Suite 34
Sudbury, MA 01776
617-803-8730

By signing this form I acknowledge the receipt of Diamond Physical Therapy Associates, PC **Notice of Privacy Practices** that provides me with detailed information about how Diamond Physical Therapy Associates, PC may use and disclose my protected health information for the purposes of treatment, payment and health care operations.

I also understand that Diamond Physical Therapy Associates, PC has a right to amend its **Notice of Privacy Practices** from time to time. I may contact this office at any time at the address or phone number above to obtain a current copy of the revised Notice.

I have the right to request, in writing, that Diamond Physical Therapy Associates, PC restricts how they use and disclose my protected health information for the purposes of treatment, payment or health care operations and that the Practice is not required by law to grant my request. However, if the Practice does decide to grant my request, the Practice must adhere to the approved restrictions unless it is an emergency situation or it is in direct conflict with state or federal laws and regulations.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **Date of Birth:** _____
(Please print)

Signature of Legal Representative: _____

Print Name: _____ **Name:** _____

Relationship of Representative to the Patient: _____