



Phone: 315.364.7570 • Fax: 315.364.8016 • www.lifespantherapies.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

DATE: _____

I acknowledge that I was provided with a copy of the Lifespan PT, OT & SLP Services, PLLC Notice of Privacy Practices, either in person or online at <http://lifespantherapies.com/forms/>

Patient Name (Print)

Patient Signature

If completed by a patient's personal representative, please print and sign your name in the space below.

Personal Representative (Print)

Personal Representative's Signature

Relationship to Patient

For Lifespan PT, OT & SLP Services, PLLC use only
Complete this section if this form is not signed and dated by the patient or patient's personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of Lifespan PT, OT & SLP Services, PLLC's Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign
- Patient unable to sign
- Other _____

Employee Name

Date

This form to be retained in the patient's medical record.

This form to be retained in the patient's medical record.