

**ACKNOWLEDGMENT OF RECEIPT/OFFER
OF NOTICE OF PRIVACY PRACTICES
FOR STAR PHYSICAL THERAPY**

Dear Patient:

Federal law requires us to provide you with a Notice of Privacy Practices, which is our explanation of how we use and disclose your health information, and to ask you to acknowledge that you have received the Notice.

You have the right to review our notice before signing this acknowledgment, and, if you have any questions, to ask for an explanation of any part of the Notice, or any other aspects of our use and disclosure of your health information. The terms of our Notice may change as the law and our practices change. If we change our Notice, we will have revised copies available to you when you visit us, and also send you a revised copy upon your request.

We appreciate you signing this form, which acknowledges that you have received, or have been offered and refused, a copy of our Notice.

Patient Name _____ Date _____

Patient/Representative Signature **X** _____

We would also like your authorization to contact you by phone and/or leave a message should we need to remind you of an appointment, return a call, or leave a message regarding your care.

Yes, you may call and/or leave a message at the following numbers:

No, if you call, do not leave a message

Do not call

The following individual(s) may have access to my health information:

As a patient of STAR Physical Therapy, you are entitled to the best care we can possibly provide. It is advisable that you schedule your appointments in at least 4-week intervals to assure that you have proper continuation of your care. We have the following guideline established at our clinic.

- Your scheduled appointment time has been reserved specifically for you. We request 24-hours notice if you need to cancel or change your appointment. We are aware that unforeseen events sometimes require missing an appointment. After missing your second appointment without notifying us 24-hours in advance, you are subject to being charged an additional fee of \$50.00

X _____

Name

Date