

**STAR Physical Therapy**  
**ACKNOWLEDGMENT OF RECEIPT/OFFER**  
**OF NOTICE OF PRIVACY PRACTICES**

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 \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_