

CONSENT FORM

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

This is not an online form. Please print the form, fill it out, and bring it with you to your appointment. Thank you!

I have received, read and understood your Notice of Privacy Practices. I understand that Progressive Pediatric Physical Therapy, LLC has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at its office to obtain a current copy of the Notice of Private Practices.

I, _____, give my permission to Progressive Pediatric Physical Therapy, LLC to exchange information with the following physicians, programs or other persons.

Patient name _____

Relationship to Client _____

Signature _____

Date _____

Office use only

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy of Practices Acknowledgement, but was unable to do so as documented below.

Date: _____ Initials: _____ Reason: _____