

**COMCARE
SALINA PHYSICAL THERAPY, LC
OCCUPATIONAL HEALTH PARTNERS**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.**

Today I received a copy of **SALINA PHYSICAL THERAPY LC'S** Notice of Privacy Practices.

Patient's Last Name, First, MI
(Please print clearly)

Date of Birth

Signature of Patient/Legal Guardian

Date

Good Faith Effort:

The above patient received SALINA PHYSICAL THERAPY, LC's Notice of Privacy Practices and refused to sign the above acknowledgement. I witness that Notice has been served to them today.

Signature of Witness

Date