



## PRIVACY PRACTICES ACKNOWLEDGMENT FORM

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I acknowledge that I have been provided with a copy of the Notice of Information and Privacy Practices and I have read and fully understand (or I will read, if I choose to) the WOODLAND HILLS PHYSICAL THERAPY Notice of Information and Privacy Practices.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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We attempted to obtain patient's signature in acknowledgment of this Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Individual refused to sign.
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Office Signature

\_\_\_\_\_  
Date