

Universal Physical Therapy
23 Main St
Newport, NH 03773
(603) 863-3260

Acknowledgement of Receipt of Notice of Privacy Practices

Name: _____ Date of Birth: _____

Address: _____

I have been given a copy of Universal Physical Therapy's (UPT) Notice of Privacy Practices, which describes how my health information is used and shared. I understand that UPT has the right to change this Notice at any time. I may obtain a current copy by contacting the Facility Privacy Official.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For Facility Use Only: Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the resident's (or personal representative's) signature on the Acknowledgement:

Completed by:

Signature of Facility Representative

Date

Print Name