



## Notice of Privacy Practices

### ACKNOWLEDGEMENT OF REVIEW

Date: \_\_\_\_\_

I have reviewed the ETHOS Physical Therapy Notice of Privacy Practices (version effective July 20, 2015), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature:

**If completed by a patient's personal representative, please print and sign your name in the space below.**

\_\_\_\_\_  
Personal Representative (Print)

\_\_\_\_\_  
Personal Representative Signature