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- 2217 South 25th St. • Fort Pierce, FL 34950
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- 2220 SE Ocean Blvd., Suite 202 • Stuart, FL 34996
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- 897 NE Jensen Beach Blvd. • Jensen Beach, FL 34957
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NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of PREMIER PHYSICAL THERAPY & SPORTS MEDICINE, INC.* Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

If you have any question about our *Notice of Privacy Practices*, please contact our Compliance Office at:
1680 SE Lyngate Dr., Suite 203 • Port St. Lucie, FL 34952 • Ph. (772) 335-7966

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at the above address or our Practice.

I acknowledge receipt of the *Notice of Privacy Practices of PREMIER PHYSICAL THERAPY & SPORTS MEDICINE, INC.*

Signature: _____ Date: _____
 (Patient / Parent / Conservator / Guardian)

INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

Signature of Provider Representative: _____ Date: _____

Acknowledgment was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:

- There was a medical emergency (the staff member will attempt to obtain acknowledgment at the next available opportunity).

Other reason(s): _____