

Sagewood Physical Therapy North, LLC

Jennifer Anderson PT., MS
3180 Harlan Street
Wheatridge, Colorado 80214
(720) 635-9868

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS

NAME OF CLIENT:

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

SIGNATURE: _____ DATE: _____

If not the client, please print name and state legal authority to sign for client.

-----**FOR PROVIDER USE ONLY**-----

The Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgement because:

- The client refused to sign
- The legal guardian refused to sign
- The client was incapable of signing
- Other: _____

Signature of Provider