THERA-DYNAMICS PHYSICAL THERAPY

8802 West Becher Street
West Allis, WI 53227
414-541-1118

PATIENT ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES

I (please print your name) _____, acknowledge that I was provided with a copy of the Notice of Privacy Practices of Thera Dynamics Physical Therapy, S.C.

Please refer to the Notice of Privacy Practices for more information regarding release of your health information and your right to access your health information.

Signature: _____ Date: _____