

CenterIMT Philadelphia

**Acknowledgement of Receipt
of Notice of Privacy Practices**

Privacy Officer: Penny Zimmerman PT, ATC, IMTC

- **Name of Patient:** _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ **Date:** _____

Print Name: _____ **Telephone:** _____

If not signed by the patient, please indicate your relationship to the patient:

For Office Use Only:

- **Signed form received by:** _____
- **Acknowledgement refused:**

Efforts to obtain: _____

Reasons for refusal: _____

HIPAA Updated 5-6-03