



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Primary Physical Therapy, PLLC, DBA, PRO-Active Physical Therapy reserves the right to modify the privacy practices outlined in the notice.

**Signature Of Provider:** \_\_\_\_\_

**I have received a copy of the Notice of Privacy Practices for PRO-Active Physical Therapy.**

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative:  
(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Relationship of Patient Representative to Patient

**Division of Primary Physical Therapy, PLLC**

7325 Oswego Rd. Liverpool, NY 13090 315-451-6541	792 N. Main St., Ste.100C North Syracuse, NY 13212 315-458-2552	358 Madison St., PO Box 396 Waterville, NY 13480 315-841-3222	3943 West Rd., Rte.281 Cortland, NY 13450 607-756-7991
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