



Acknowledgment of Receipt
of
Notice of Privacy Practices

Arrow Rehabilitation reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the Notice of Privacy Practices for Arrow Rehabilitation.

Name of Patient (Print): _____

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

Employee Signature: _____

Employee (Printed Name): _____

Date: _____

Initiated: 4/10/03
Revised: 3/25/04