



**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