



Acknowledgement of Receipt of Notice of Privacy Practices

Three Peaks Physical Therapy, Massage & Acupuncture reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the notice of privacy practices for Three Peaks Physical Therapy, Massage & Acupuncture.

Name of Patient: _____ (please print)

Signature of Patient: _____ Date: _____

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

Relationship of Patient Representative to Patient: _____