

**Frankfort Physical Therapy, LLC.**

7777 W. Lincoln Hwy \* Suite D \* Frankfort, Illinois 60423 \* (815) 806-8777

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

The undersigned Patient or legally authorized representative (“Agent”) of the Patient acknowledges that he or she personally received a copy of the Frankfort Physical Therapy, LLC. Notice of Privacy Policies on the date indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Information about Agent (attach appropriate documentation):

Agent: \_\_\_\_\_

Title: \_\_\_\_\_