

Manteno Physical Therapy, LLC.

19 West Division Street * Manteno, Illinois 60950 * (815) 468-7300

**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 Manteno Physical Therapy, LLC. Notice of Privacy Policies on the date indicated below.

Signature: _____ Date: _____

Patient: _____

Information about Agent (attach appropriate documentation):

Agent: _____

Title: _____