

AXIS_{PT}

*Orthopedic, Manual & Sports
Physical Therapy*

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from AXIS PT, INC.

Signature: _____ **Date:** _____

In lieu of patient signature, I, _____, a staff member of AXIS PT, state that _____ has been given our current Notice of Privacy Practices.

Signature: _____ **Date:** _____

Notice of Privacy Practices will be given to you at time of your appointment, if requested.