

Lucia Miller Pelvic Health Physical Therapy

Physical Therapy and Pilates

Notice of Privacy Practices Patient Receipt

Your signature on this document acknowledges that you have received a copy of the Privacy Practices information for Lucia Miller PT.

The Notice of Privacy Practices provides you with information about how Lucia Miller PT may use or disclose your protected health information. I encourage you to read it in full.

Signature: _____

Date: _____