

Receipt of Notices of Privacy Practices and Medicare Therapy Cap

Written Acknowledgement

I, \_\_\_\_\_, have received a written copy of the Notice of Privacy Practices, and if appropriate, Notice of the Medicare Therapy Cap for Core Physical Therapy.

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

**FOR OFFICE USE ONLY**

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

\_\_\_\_\_ The individual refused to sign.

\_\_\_\_\_ The individual left the office without signing.

\_\_\_\_\_ A copy was mailed with a request for signature to the individual.

\_\_\_\_\_ Unable to communicate with the individual for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Prepared by: \_\_\_\_\_

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