

St. John Physical Therapy, LLC
504 Rue de Sante
LaPlace, Louisiana 70084

Acknowledgement of receipt of Notice of Privacy Practices*

* You may refuse to sign this acknowledgement

St. John Physical Therapy, LLC will use and disclose your personal health information to treat you. To receive payment for the care we provide, and for other health care operations, St. John Physical Therapy, LLC operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies and about your personal health information.

The terms of the notice may change with time and we will always post the current notice at our facilities, on our website, and have copies available for distribution.

I, _____ (please print name), **have received a copy of this facility's Notice of Privacy Practices.**

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other Please Specify _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Include completed consent in the patient's Medical Record