

# Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Med Rec #/Account# \_\_\_\_\_  
(internal use only)

I hereby acknowledge that I have received the Notice of Privacy Practices of Border Therapy Services.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*When patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.*

Signature of Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Legal Representative: \_\_\_\_\_

Description of Legal Representative Authority: ☐ Parent ☐ Medical Power of Attorney (attach documentation) ☐ Other

Explain and Attach Documentation: \_\_\_\_\_