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## **Written Acknowledgement of Receipt of Notice of Privacy Practices**

Patient: \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge that I have received, read or been given the opportunity to review a copy of the Notice of Privacy Practices. I am aware that Mind Body Physical Therapy will provide a copy of the Notice of Privacy Practices at any time upon request. The Notice of Privacy Practices provides detailed information about how Mind Body Physical Therapy may use and disclose my confidential information.

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

Relationship to Patient (if patient is a minor or physically or legally incapacitated): \_\_\_\_\_