

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Lakeside Physical Therapy and Life Enhancement Center, LLC

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Lakeside Physical Therapy and Life Enhancement Center, LLC** "NOTICE OF PRIVACY PRACTICES," October 1, 2008

As required by the Privacy Regulations, _____ from
Name of Staff Member

Lakeside Physical Therapy and Life Enhancement Center, LLC has provided the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that **Lakeside Physical Therapy and Life Enhancement Center, LLC** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following in the "Notice of Privacy Practices:"

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

