



TRANSCEND
PHYSICAL THERAPY

Acknowledgement of Privacy Practices

I hereby acknowledge that I have read Transcend Physical Therapy's Notice of Privacy Practices. I understand that a copy of this is available to me upon request. I understand that if I have questions or complaints regarding my privacy rights that I may contact the persons listed below. I further understand that Transcend Physical Therapy will offer me updates to this Notice of Privacy Practices should it be amended, modified or changed in any way.

Patient or Representative Name (please print)

Patient or Representative Signature

Date

Patient Refused to Sign
 Patient was unable to sign because _____

Contact Person:
Emily Guedes PT, DPT (203) 828. 8676