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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices from RVA Physical Therapy

Sign _____ Date _____

In lieu of patient signature, I, _____, a staff member of RVA Physical Therapy state that _____ has been given our current Notice of Privacy Practices.

Sign _____ Date _____

Discussion of Treatment/Medical Information

- a. If you are accompanied to your physical therapy session(s) is it acceptable to discuss your medical information with the individual(s) present? **Yes** **No**
- b. Is there any individual, besides your doctor and involved health care practitioner(s), with whom you would allow RVA Physical Therapy to discuss/release your treatment plan/medical information? Please check as appropriate and print the individual's name:

RELATION	FULL LEGAL NAME
Spouse/Significant other Y/N	
Son/Daughter Y/N	
Friend Y/N	
Others Y/N	

PRINT NAME: _____ SIGN: _____ DATE: _____