



**RVA PHYSICAL THERAPY & SPORTS REHAB**

5388 Twin Hickory Road, Suite 102, Glen Allen Road, VA 23059

Fax : 888 -275-1128  
Contact: (804) 396-6753  
www.rvaphysicaltherapy.com

**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:** \_\_\_\_\_