

Patient Acknowledgment of Receipt of Notice of Privacy Practices
Effective Date: January 1, 2017
Mōtus Physical Therapy

I acknowledge receipt of a copy of the Notice of Privacy Practices for Mōtus physical therapy. I have been given the opportunity to ask any questions that I might have regarding this notice.

May we leave a detailed message on your answering device if we are unable to reach you in person? _____ Yes _____ No

I authorize Motus physical therapy to discuss my billing information and/or condition with any of the named person(s) below.

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

_____	_____
Patient or Personal Representative Signature	Date