

Ascent Physical Therapy

13520 S. Rte. 59, Suite 106, Plainfield, IL 60544 P: 815-556-1000 F: 815-556-1002

If you have any questions about your rights or our privacy practice, please contact Ascent Physical Therapy at:

Chief Privacy Officer
Ascent Physical Therapy
13520 S. Rte. 59, Suite #106
Plainfield, IL 60544
P: 815-556-1000
F: 815-556-1002

Notice of Privacy Practices Patient Acknowledgement Form

Effective Date of Notice: January 1, 2016

I hereby acknowledge receipt of Ascent Physical Therapy Notice of Privacy Practices. Ascent Physical Therapy will use or disclose my PHI for the purpose of carrying out treatment, payment, and health care operations. The notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information. I understand Ascent Physical Therapy has reserved a right to change their privacy practices that are described in the Notice. I also understand copy of any Revised Notice will be provided to me or made available at my next office visit. I give my consent for Ascent Physical Therapy to notify me of new facilities or services. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to Ascent Physical Therapy.

Signed: _____ **Date:** _____

If you are not the patient, please specify your relationship to the patient _____