DYNAMIC PHYSICAL THERAPY SERVICES P C
43-43 KISSENA BLVD, SUITE 110
FLUSHING NY 11355
718 661 1710

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practice and I have been provided an opportunity to review it:

NAME: _____ BIRTHDAY: _____

SIGNATURE: _____

DATE: _____

INTERNAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement cannot be obtained because:

€ individual refused to sign
€ communication barriers prohibited obtaining the acknowledgement
€ other (please specify) _____

Signature of clinician / staff _____ Date:_____