

**Rocky Mountain Physical Therapy and Sports Injury Center, Inc.
Notice of Privacy Practices Acknowledgement**

I, _____ acknowledge that I thoroughly reviewed and have access to a copy
(Print Patient's Name)

Rocky Mountain Physical Therapy and Sports Injury Center, Inc.'s Notice of Privacy Practices
dated _____.

(Individual's signature or initials)

(Personal representative
---if patient is unable to sign---

(Date)

(Witness signature)

Individual (or personal representative of the individual) did not sign the acknowledgement for the following reason:

(Check one of the reasons below)

- Individual refused
- Individual refused, stating that s/he has already an acknowledgment
- Individual unable to sign because of medical condition
- There was not a personal representative of the individual available to sign
- Other: _____

Witness Signature _____ Date _____