

Generations R.C., Inc.
dba/Generations Physical Therapy of Barboursville, Milton, Teays Valley, Winfield, and Grayson

PF-2000

Acknowledgement of Receipt of Notice of Privacy Practices

Generations R.C., Inc. reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for Generations R.C., Inc.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required of the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient