



**HolistiCare**  
Physical Therapy, LLC

## **Acknowledgement of Notice of Privacy Practices**

HolistiCare Physical Therapy maintains records of the healthcare services we provide to you. You may ask for a copy of that record at any time. Your medical records are confidential and we will not disclose your record to others unless you direct us to or the law authorizes or compels us to do so.

Our Notice of Privacy Practices describes in more detail how your protected health information may be used and disclosed and how you can access your information.

With my signature, I acknowledge receipt of the Notice of Privacy Practices.

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Patient or Legally Authorized Individual Signature

Date

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Relationship to Patient