

FIRST CHOICE REHABILITATION SPECIALISTS
550 N 12TH Street Suite 120
Lemoyne, PA 17043
717-737-9818

Receipt of Notice of HIPPA Privacy Practices
Written Acknowledgement Form

Regulations require that we make a “Good Faith” effort to provide you with a copy of our Privacy Notice. You are not required to accept the notice.

I acknowledge that I received or had the opportunity to review The Notice of Privacy Practices for First Choice Rehabilitation Specialists, P.C.

Name of Patient

Signature of Patient
(or patient’s personal representative)

Date

Name of personal representative (if applicable)

Relationship to patient

Provide the name and relationship of the person(s) with whom we may share patient information (medical, billing and appointments) about you. This information will expire only when requested by the patient. If your Primary Care Physician is other than your referring physician, you will need to list him/her here in order for them to receive reports about your care.

Signature

Date