

**Advanced Physical Therapy
Acknowledgment of Notice of Privacy Rights and Practices
Designation of Disclosures**

I have received the Advanced Physical Therapy notice of Privacy Right and Practices

Printed Patient Name: _____

Patient/Parent/Guardian signature: _____ Date _____

Designation of relatives, close friends, and other caregivers

Please list specific family members or friends that we may give your health information to. These persons may be involved with your healthcare or payment relating to your healthcare. Advanced Physical Therapy will only disclose information that is directly relevant to the person's involvement in your healthcare or payment relating to your healthcare. You are not required to list anyone. You may change this list at any time in writing.

Print Name: _____ Print Name: _____

Print Name: _____ Print Name: _____

If no one is listed, Advanced Physical Therapy staff may use their professional judgment when disclosing your health information. Advanced Physical Therapy will generally disclose only to immediate family members, which include spouse, mother, father, step-parents, son, daughter, step-child, brother, sister, grandparents, and step-grandparents.