

# **Apex Physical Therapy, P.C.**

## **Acknowledgement and Consent Regarding Notice of Privacy Practices**

By signing below, I acknowledge that I have been provided with a copy of the Apex Physical Therapy, P.C. Notice of Privacy Practices and have therefore been advised of how health information about may be used and disclosed by Apex Physical Therapy, P.C. and how I may obtain access to and control information.

X \_\_\_\_\_  
Print Name of Patient or Guardian

X \_\_\_\_\_  
Signature of Patient or Guardian

X \_\_\_\_\_  
Date