

Our **Notice of Privacy Practices** provides information about how we may use and disclose medical information about you. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

I, (please print the patient's name) _____
have received a copy of the POWHATAN PHYSICAL THERAPY CORPORATION **Notice of Privacy Practices**.

I have had an opportunity to read the **Notice of Privacy Practices**.

I understand that I may ask questions to POWHATAN PHYSICAL THERAPY CORPORATION, if I do not understand any information contained in the **Notice of Privacy Practices**.

I understand that by my signature I authorize the release of any medical information which may serve my therapist in my treatment, i.e., any or all MRI, x-ray, or operation reports.

Patient's Signature

Date

-OR-

Authorized Representative of Patient

Relationship to Patient

Date