



OrthoRehab Specialists, Inc.

Physical Therapy for the Twin Cities

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

MINNEAPOLIS

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- **MARK W. SIEWERT, PT**
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*Pilates Certified
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- **BRETT JOHNSON, DPT, CSCS**
- **BRITTANY HUEMPFNER, PTA**
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- **MIKE DIXEY, PT, CSCS, Certified MDT, NASM-PES**
- **AMBER BANWART, PTA, ATC**

BUSINESS OFFICE

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*Therapist owned
and operated*

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in OrthoRehab Specialists, Inc.'s Notice of Privacy Practices. OrthoRehab Specialists, Inc. is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you have been offered a copy of OrthoRehab Specialists, Inc.'s Notice of Privacy Practices.

Patient Name: _____

Patient Representative: _____

If signed by Patient Representative, state authority to act on behalf of patient: _____

Signature: _____ Date: _____

OrthoRehab Specialists, Inc. use ONLY

I, _____, was unable to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices.

Reason acknowledgement not obtained:

Signature: _____ Date: _____