

**YORK PHYSICAL THERAPY
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY RIGHTS AND PRACTICES
DESIGNATION OF DISCLOSURES**

I have received the York Physical Therapy notice of Privacy Rights and Practice

Print patient's name _____

Signature of patient/parent/guardian _____ 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. York 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 specified, York Physical Therapy staff may use their professional judgment when disclosing your health information. York Physical Therapy will generally disclose only to immediate family members, which include: spouse, mother, father, step-parent, son, daughter, step-child, brother, sister, grandparents, and step-grandparents.

DOCUMENTATION OF GOOD FAITH EFFORT

____ Attempted to distribute the Notice to the patient/parent/legal guardian, but he/she declined to acknowledge the receipt.

____ Notice was mailed to the patient/parent/legal guardian on _____ (date)

____ Other _____

Signature of York Physical Therapy personnel _____ Date _____