

**CENTER FOR PHYSICAL THERAPY AND EXERCISE
CPTE-NASHUA INC.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (name of consumer) _____, acknowledge and agree that I have received a copy of **CPTE'S** Notice of Privacy Practices.

Consumer Signature

Date

Consumer Legal Representative (if applicable)

Date

Print name of Legal Representative

Relationship to consumer

FOR CLINIC USE ONLY:

CPTE made the following good faith efforts to obtain the above- referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices: