



KETHLEY Physical Therapy

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Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

FOR COMPANY USE ONLY

Refusal to Sign Acknowledgement of Review of Notice of Privacy Practices

The following patient has been offered a copy of the Notice of Privacy Practices but has refused to sign the Acknowledgement of Review of Notice of Privacy Practices:

Patient: _____ Date _____

Reason (if given by patient): _____

Employee Signature: _____ Date _____