

Dynamic Rehab Inc.

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT

We at Dynamic rehab Inc. Keep a record of the health care services we provide you.

We will not disclose your record to others unless you direct us to do so or unless a legal request authorizes or compels us to do so, we will provide copies of your records to your insurance company as necessary to receive payment for our services. If you would like a copy of these records we would be happy to provide them to you for a small fee of \$15.00.you may see your records or get more information about them by contacting Dynamic Rehab Inc.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship

This form will be retained in your medical record.