

Acknowledgment of Privacy Practices Active Life Physical Therapy and Injury Care

By using our website [www.activelife-therapy.com] and services, you acknowledge that you have reviewed and understand our Privacy Practices. The link to said Privacy Practices is located on the footer of the home page.

Informational Permissions

Yes, I agree to receive informational communications: ____ (Initials)

No, I do not agree to receive informational communications: ____ (Initials)

SMS and Texting for Appointment Reminders

Yes, I agree to receive SMS/text reminders: ____ (Initials)

No, I do not agree to receive SMS/text reminders: ____ (Initials)

Restrictions and Limitations

Please specify any individuals or organizations you do not want us to share your information with:

Do not share my information with the following individuals/organizations:

Signatures

By acknowledging this notice, you confirm that you have reviewed and understand our policies and procedures regarding your privacy.

Patient Name: _____

Patient Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____