

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from North Boulder Physical Therapy Sport Rehabilitation, LLC.

X _____ **Date:** _____

In lieu of patient signature, I, _____, a staff member of North Boulder Physical Therapy Sport Rehabilitation, LLC, state that _____ has been given our current Notice of Privacy Practices.

X _____ **Date:** _____