GAINESVILLE PHYSICAL THERAPY
1296 SIMS STREET, SUITE A
GAINESVILLE, GEORGIA 30501

PHONE: (770) 297-1700
FAX: (770) 297-1702

PRIVACY POLICY

WE AT GAINESVILLE PHYSICAL THERAPY WILL NOT RELEASE ANY INFORMATION ABOUT YOU TO ANYONE OTHER THAN YOUR REFERRING PHYSICIAN OR YOUR INSURANCE COMPANY WITHOUT YOUR WRITTEN CONSENT.

By signing below, I acknowledge that I have read and understand Gainesville Physical Therapy's Privacy Notice.

____
Printed Name of Patient or Patient's Representative

____ ________________________
Signature of Patient or Patient's Representative Date

____
Representative's Relationship to Patient (if applicable)

To be completed by Gainesville Physical Therapy Staff

Are there any Privacy Issues?

Office Staff → Please Initial Yes or No

_________ NO

_________ YES

*If "YES" please have patient complete appropriate Patient's Rights Form(s) and place in patient's chart

Clinical Staff → Please Initial YES or NO

_________ NO

_________ YES

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- After a good faith attempt to obtain an Acknowledgement of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason(s):

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____ ________________________
Signature of Gainesville Physical Therapy Representative Date