



Arm and Hand Rehab
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**Acknowledgement of Receipt of Notice of Privacy Practices
You may Refuse to Sign this acknowledgement**

I, _____, have received a copy of this office's
Privacy Practices.

Signature: _____ Date: _____

For Office Use Only

**We attempted to obtain written acknowledgement of receipt of our Privacy Practices and
acknowledgement could not be obtained because:**

___ Individual refused to sign

___ Communication barriers prohibited the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (please specify): _____

Intake by: _____