

FL FITNESS AND REHABILITATION
18900 N. Tamiami Trail Ste A-5
N. Ft. Myers, FL 33903
239-731-6222, Fax: 239-656-1092

**ACKNOWLEDGEMENT OF RECEIPTS OF
NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

FL Fitness and Rehabilitation will use and disclose your personal health information to treat you, receive payment for the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies about your personal health information. The terms of the notice may change with time and we will always post the current notice in our facility and have copies available for distribution.

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

Signature

____/____/____
Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained due to the following:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT