



## NOTICE OF PRIVACY PRACTICES:

### *Acknowledgement of Receipt*

#### **ACKNOWLEDGEMENT OF RECEIPT**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Tranquillity Physical Therapy*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice in writing at 940 N. Tyler, Ste., 100, Wichita, KS 67212.<sup>1</sup>

If you have any questions about our *Notice of Privacy Practices*, please contact:

**Ayishah Qassas, Office Manager/Privacy Officer, 940 N. Tyler, Ste. 100,  
Wichita, Kansas 67212, 316-773-0909**

I acknowledge receipt of the *Notice of Privacy Practices* of *Tranquillity Physical Therapy*.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

Date: \_\_\_\_\_

#### **INABILITY TO OBTAIN ACKNOWLEDGEMENT**

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> This section applies only if your Covered Entity has reserved the right to change its privacy practices. It is recommended that providers reserve this right.