



KEN-TON PHYSICAL THERAPY

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I, _____, understand that Ken-Ton Physical Therapy may share my health information for treatment, billing and healthcare operations. A copy of the *Notice of Privacy Practices* that describes how my health information may be used and shared is available in the office waiting room and on our web site, www.kentonpt.com. My signature below constitutes my acknowledgement that I have reviewed the copy of the *Notice of Privacy Practices*.

PATIENT PRIVACY INFORMATION

Please list ANY family members or other persons, if any, whom we may inform about your general medical condition and/or your diagnosis.

Name Phone Number

Name Phone Number

Name Phone Number

Can confidential messages be left on your home answering machine or voicemail or with a family member?
Yes _____ No _____

Can we call you at work? Yes _____ No _____

Can we text you for appointment reminders/ important information Yes _____ No _____

Cell phone # _____

Can we contact you on your e-mail? Yes _____ No _____

e-mail address _____

Signature of patient Date

Signature of Legal Representative Date

Patient's Date of birth _____