

**Diamond Physical Therapy
1406 E. Algonquin Rd.
Algonquin, IL 60102
(847) 854-0196 Fax (847) 854-0197**

Notice and Acknowledgement

Acknowledgement:

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or Personal Representative

Signature: _____

Date: _____

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: _____