

Sandhills Rehabilitation & Wellness Center, Inc.

Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, _____, have received a copy of Sandhills Rehabilitation & Wellness Center, Inc. Notice of Privacy Practices. The Notice provides in detail the uses and disclosures of my protected health information (PHI).

Signature of Patient

Date

Patient Chart #

Relationship to Patient (if signed by a personal representative of patient):

Patient Personal Representative

Date

Witness

Date