



Acknowledgement of Receipt of Notice of Privacy Practices

U.S. Athletic Training Center/Gary P. Guerriero, P.T.P.C. reserves the right to modify the privacy practices outlined in the notice.

I have read a copy of the Notice of Privacy Practices for U.S. Athletic Training Center/Gary P. Guerriero, P.T.P.C.

---

Name of Patient (Print or Type)

---

Signature of Patient

Date

---

Signature of Patient Representative

(required if the patient is a minor or an adult who is unable to sign this form)

Date

---

Relationship of Patient Representative to Patient