



Form of Written Acknowledgement of Receipt  
 Of Park Ridge Hospital's and Park Ridge Medical Associates'  
 Notice of Patient Privacy Practices

\_\_\_\_\_  
 Patient, or Legal Representative, Signature

\_\_\_\_\_  
 Printed Patient, or Legal Representative, Name (or label)

\_\_\_\_\_  
 Date

Acknowledgement NOT obtained because:

- \_\_\_\_\_ Patient, or legal representative, declined Notice of Patient Privacy Practices;
- \_\_\_\_\_ Patient treated in emergency room and discharged before obtaining Acknowledgement;
- \_\_\_\_\_ Other (briefly describe)

\_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Employee Printed Name

\_\_\_\_\_  
 Date

**ATTENDANCE POLICY**

It is the responsibility of the patient to insure appointments are scheduled according to plan of care identified by the therapist and keep scheduled appointments. If you are unable to keep a scheduled appointment, please notify SEFR no later than the morning of the day you are scheduled. If you are 10 or more minutes late for your appointment, you may be requested to reschedule your appointment. If you fail to call us to cancel an appointment on 3 separate occasions, we will assume that you are not in need of physical therapy and will notify your physician that you have been discharged. I have read and understand this Attendance Policy:

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Witnessed

To be signed if patient is under 18 years of age

We try to encourage parent involvement in treatment, however, please sign below if the patient is under the age of 18 and you give consent for Southeastern Fitness and Rehabilitation to treat your child absent of your presence.

Parent's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_