



PROFESSIONAL
THERAPIES, INC.
Caring. Experience. Integrity. Results.

Date_____

I, _____, a patient of Professional Therapies Inc., have been provided with a copy of Professional Therapies' notice of Privacy Practice to be reviewed. I have been informed that should I have questions regarding Professional Therapies' Privacy Policy or do not understand information in the policy that I may direct these questions to a Compliance Officer. If I choose, I may request a paper copy of the notice for my personal records.

Patient Signature

Witness