

PHYSICAL THERAPY SPECIALISTS, P.C.

1845 Livernois Troy, MI 48083 (248)362-2150

Do we have your permission to leave a detailed message on your answering machine/
voicemail with a family member or a legal representative regarding appointments, billing,
or other matters regarding your treatment?

Yes _____ No _____ Other _____ (please specify)

May we call you at work? Yes _____ No _____

ACKNOWLEDGEMENT

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

Print Patient's Name

Patient or Personal Representative
Signature

Date

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