

## Acknowledgement of Privacy Practices

“I hereby acknowledge that I have read Arancia Physical Therapy and Wellness, Inc.’s Notice of Privacy Practices. I understand that a copy of this is available to me upon request. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed below. I further understand that Arancia Physical Therapy and Wellness, Inc. will offer me updates to this Notice of Privacy Practices should it be amended, modified, or changed in any way.”

\_\_\_\_\_ Patient or Representative  
Name (please print)

\_\_\_\_\_ \_\_\_\_\_  
Patient or Representative Signature Date

Patient Refused to Sign

Patient was unable to sign because \_\_\_\_\_

Contact Person:  
Jessica Lynn Papa, PT, DPT (401) 602-7006