PATIENT ACKNOWLEDGEMENT OF 2003 HIPAA NOTICE

(Health Insurance Portability and Accountability Act)

I, _____, have been given the Notice Regarding Privacy of Personal Health Information by Rocklin Physical Therapy, Inc. I understand that this notice describes how medical information about me may be used and disclosed and how I can get access to this information. I have also been encouraged to review this notice carefully. I am aware that Rocklin Physical Therapy, Inc. reserves the right to change the terms of this notice and will at that time also provide a copy of the revised Notice.

X_____ _____

Signature Date