

1008 S. Cliff Ave.
Sioux Falls, SD 57104
Phone: (605) 334-5630
Fax: (605) 332-5327

1000 Teakwood
Brandon, SD 57005
Phone: (605) 582-3103
Fax: Call First



1530 Rowe Ave.
Worthington, MN 56187
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed and outlines my rights with respect to such information. I understand that I should read it carefully.

(please print patient's name)

Signature

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual, parent or guardian refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (specify) _____
- _____