



PRIVACY NOTICE ACKNOWLEDGMENT FOR THE OFFICE OF:

Ardmore Physical Therapy

This office takes the confidentiality of your medical information very seriously. We are providing privacy notices which make you aware of what the office can and cannot do with your protected health information (PHI). Please acknowledge receipt of the privacy notice by signing and dating this letter in the space provided below.

If you have any questions regarding this matter, please contact the chief privacy officer:

Contact Privacy Officer: Julie Keys Address: PO Box 1686
Telephone: 580-223-1925 Ardmore, OK 73401

Thank you for entrusting your health care to Ardmore Physical Therapy.
I acknowledge receipt of the Privacy Notice.

Signature

Date

Patient or legal representative refused to sign.

Employee signature/initials

Date

Cancellation and No Show Policy

You are coming to physical therapy to remedy the condition that is affecting you; therefore it is absolutely necessary that you attend all of your scheduled appointments. All missed appointments MUST be made up the same week so you may fully recover. Ardmore Physical Therapy requires 24 hour advance notice for any cancellation. If you are unable to give 24 hour advance notice or you do not show for your scheduled appointment an administrative fee of \$25.00 will be billed to you. Two cancellations or no show appointments will result in only being able to same day schedule once cancellation fees have been paid. I have read the above stated policy and agree to be responsible for my health and for any fee associated with my inability to adhere to this policy.

Patient Signature

Date