



Wind River Physical Therapy LLC
150 Lincoln Street Lander, WY 82520
Phone: 307-335-5188 Fax: 307-333-0600

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ Date of Birth: _____
Signature: _____ Date: _____

To obtain a copy of our privacy practices please contact our office

150 Lincoln Street Lander, WY 82520 Phone: 307-335-5188
windriverphysicaltherapy@gmail.com

Effective Date of this notice is October 1, 2014.

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 refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

Provider Representative Signature

Date: