Montgomery County Rehabilitation & Sports Therapy, P.C.

Acknowledgement of Receipt of Notice

I acknowledge that I received the Notice of Privacy Practices for Montgomery County Rehabilitation & Sports Therapy, P.C.

Patient Signature	\mathbf{D} (\mathbf{D})	
Patient Nignature	Date of Recei	nt
I anom orgnature	Date of Recei	μ

Personal Representative______ Relationship to Patient_____

Montco Rehab Staff....