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ACKNOWLEDGEMENT OF  
RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, hereby acknowledge that I received a copy of the  
Notice of Privacy Practices for Genesee Valley Physical Therapy & Sports Rehab., P.C..

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Description of Representative's Authority

HIPPA PRIVACY RULES  
DESIGNATION OF PERSONAL REPRESENTATIVE

I, \_\_\_\_\_, designate \_\_\_\_\_ as  
my personal representative for purposes of all rights, obligations and responsibilities  
created under the HIPPA Privacy Rules.

I acknowledge and agree that Genesee Valley Physical Therapy & Sports Rehab.,  
P.C., (the "Practice") may disclose my protected health information to my personal  
representative and that my personal representative has the authority to authorize the  
Practice to use and disclose my protected health information.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Patient