



1100 Main St \*Po Box 1064\*Dayton, WY 82836  
Phone (307)655-2509 Fax (307)655-2275

**RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN  
ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of the Active Balance Physical Therapy, LLC Notice of Privacy practices.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer's Phone \_\_\_\_\_

**REFERRAL**

\*\*\*Who can we thank for referring you?\*\*\* \_\_\_\_\_

Thank you for choosing Active Balance Physical Therapy, LLC We appreciate your business and hope to exceed your expectations. If you appreciate our services please refer us to your family, friends, coworkers, and physician. Thank you for your business.