



## Acknowledgement of Receipt of Notice of Privacy Practices

Ergo Body reserves the right to modify the privacy practices outlined in the notice.

### Signature

I have reviewed a copy of the Notice of Privacy Practices for Ergo Body.

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Name of Patient

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Signature of Patient

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Date

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Signature of Patient Representative (required if the patient is a minor or an adult who is unable to sign this form)

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Relationship of Patient Representative to Patient