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I have received the Patient Handbook and will familiarize myself with the Policies and Procedures and agree to the statements; including Cancellation and No Show Policy, Infection Control Procedures, Inclement Weather Policy and Patient Rights and Responsibilities.

Signature: _____

Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Address: _____

City/State/Zip _____

- I have received the Notice of Privacy Practices for Abilitations Children's Therapy and understand and agree with statements.

Signature: _____

Date: _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipts of Notice of Privacy Practice because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with patient for the following reason: _____
- Other: _____