

Transitional Steps Pediatric Physical Therapy

Notice of Privacy Practices

By signing this receipt, I acknowledge I was given a copy of the Transitional Steps Pediatric Physical Therapy, LLC, HIPAA Notice of Privacy Practices to review.

I understand that at any time I may request a copy of the HIPAA Notice of Privacy Practices be provided to me. Additionally, I understand that the I may access the Privacy Practices at any time at the following website: Transitionalstepspt.com

Printed Child's Full Name and Date of Birth *

Printed Name of Parent/Guardian *

Signature of Parent/Guardian and Date *