

**PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices**

Petaluma Orthopaedic & Sports Therapy (P.O.S.T.) - Wellness by Design reserves the right to modify the privacy practices outlined in the notice.

**Signature**

I have received a copy of the Notice of Privacy Practices for  
P.O.S.T. - Wellness by Design.

\_\_\_\_\_  
Name of Patient (Print or Type)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship of Patient Representative to Patient