

Houston Sports, Rehabilitation and Nutrition Center, L.L.C.

Dr. Ron Grabowski, R.D., D.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*****You May Refuse To Sign This Acknowledgement*****

I have had a chance to read a copy of this office's Notice of Privacy Practices.

Patient's Name

Signature of Patient or Legal Guardian

Date

We attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
 - Communication barrier prohibited obtaining acknowledgement.
 - An emergency situation prevented us from obtaining acknowledgement.
 - Other (please specify) _____
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