



OT & Me, LLC

Harrisburg, PA

717.364.4360

OTandMePA@gmail.com

HIPAA-ACKNOWLEDGEMENT OF RECEIPT

Notice of Privacy Practices

Printed Patient Name: _____ Patient Birth Date: _____

We at OT & Me, LLC are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please reach out by phone at our main phone number. If you would like a copy of the Notice, please ask.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative/parent Date

Printed name of patient or patient's representative/parent Relationship