

Omni Rehab
@ Bryan College
Dayton, TN 37321
PH: (423) 775- 7101 Fax: (423) 775-7103



Acknowledgment Of Privacy Practices

Date: _____

I acknowledge that I have received a copy of the Notice of Privacy Practices from Omni Rehab.

I have listed individuals that are authorized to receive my protected health information. I am aware that I can revoke the authorization for any individual at any time, but must do so in writing.

Signature of Patient

Date

Signature of Patient Representative & Relationship
(Required if patient is a minor or an adult unable to sign form)

Date

The following individuals have my authorization to access my Protected Health Information

Name	Relationship	Date of Birth
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Name	Relationship	Date of Birth
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Name	Relationship	Date of Birth
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Name	Relationship	Date of Birth
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