

**PROHAB REHABILITATION SERVICES, INC.**

**Acknowledgement Form**

I acknowledge that I have received a copy of the Notice Privacy Practices from Prohab Rehabilitation. I understand that if I have any questions regarding this notice that I can contact the Privacy Manager at 419-885-2322.

**Signature**

Patient's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

