



**Michigan**  
**THERAPY**  
**Institute**

*Quality, compassionate physical therapy for optimum results*

## **Acknowledgement of Receipt of Privacy Notice**

I, the undersigned:

Acknowledge the receipt of the Michigan Therapy Institute's  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient (or Guardian if Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name