

# Buffalo Rehab Group

Physical Therapy, P.C.

## Acknowledgment of Receipt of Privacy Notice

I have been provided with access to a copy of Buffalo Rehab Groups' **Notice of Privacy Policies**, detailing how my health information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice. I understand that my medical records will be sent to my **referring physician** and to my **insurance company**. I also Request that the following individuals have access to my medical records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further, I permit a copy of this authorization to be used in place of the original.

PRINT PATIENTS' NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship, if signed by other than patient: \_\_\_\_\_

### (OFFICE USE ONLY)

If the patient's representative refused to sign acknowledgment of receipt of Notice, please document the date/time the Notice was presented to patient and sign below:

Presented on (date & time): \_\_\_\_\_

By (name of personnel): \_\_\_\_\_

2100 Union Rd  
West Seneca, NY 14224  
Phone: 716 656-8600  
Fax: 716 656-1560

8750 Transit Rd  
Amherst, NY 14051  
Phone: 716 568-1251  
Fax: 716 568-1253

4780 S. Park Ave  
Hamburg NY, 14075  
Phone: 716 646-9100  
Fax: 716 646-9744

350 Greenhaven Terrace  
Tonawanda NY, 14150  
Phone: 716 213-0772  
Fax: 716 213-0773

4855 Camp Road  
Hamburg NY, 14075  
Phone: 716 646-1100  
Fax: 716 646-1106