# 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