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AUSTRALIAN MANUAL PHYSICAL THERAPY

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## **HIPAA FORM**

### **RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_ acknowledge that Australian Manual Physical Therapy will not release any information of my care at this facility other than to the referring physician or the paying insurance company without my prior written consent.

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**Signature**

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**Date**

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Angus Williams, PT, Grad. Dip. (Manip. Phys.), CCI, OWNER

248-543-3444 • 248-543-3440 fax

[www.aussiept.com](http://www.aussiept.com)

120 Catalpa Drive • Royal Oak, MI 48067