



REACT's Notice of Privacy Practice

Privacy Notice

I, the undersigned, do hereby acknowledge that I have been made aware of the legal duties and policies and procedures of React Neuro-Rehab regarding the protection of my personal health information. I understand and agree that, unless I request otherwise in writing, React Neuro-Rehab will communicate with me via phone, fax and email and will state the company name when leaving messages for me via any of these means. Additionally, I have been informed of the company name and I am aware I may contact the Privacy Officer should I have questions or comments regarding the privacy practices of React Neuro-Rehab.

Signature of Patient, Guardian or Authorized Representative

Date Signed

RELEASE OF INFORMATION

If you would like your treatment, results or payment information to be communicated with anyone other than you the patient/guarantor please list that person below:

Person to release information to

Relationship to Patient

Person to release information to

Relationship to Patient

Signature of Patient, Guardian or Authorized Representative

Date Signed