

KEE PHYSICAL THERAPY

I have received a copy of the Notice of Privacy Practices of KEE PHYSICAL THERAPY.

Name of Patient

Signature of Patient

Signature of Patient Representative (Required if patient is a minor or an adult unable to sign this form)

Relationship of Patient Representative to Patient

*Note Kee Physical Therapy reserves the right to modify the privacy practices outlined in the notice.

Eric Smith PT, MPT

6705 E 81st St. Suite 170 Tulsa, OK 74133 | Phone 918-710-5790 | Fax 918-728-2217