

Sherry Brouman Yoga Therapy Acknowledgement of Privacy Practices

“I hereby acknowledge that I have read Sherry Brouman Physical Therapy and Yoga Therapy, Notice of Privacy Practices. I understand that a copy of this is available to me online or at the clinic upon request. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed below. I further understand that the practice will offer me updates to this Notice of Privacy Practices should it be amended, modified, or changed in any way.”

Patient or Representative Name (please print) _____

Patient or Representative Signature _____ Date _____

Patient Refused to Sign Patient was unable to sign because _____

Contact Person:
Sherry Brouman P.T. ERYT
(310)446-6668