
Patients Name

C.O.A.S.T. Rehabilitation Services

HIPAA Patient Acknowledgment

I acknowledge that I have received a copy of the Notice of Privacy Practices of C.O.A.S.T Rehabilitation Services, Inc.

I further acknowledge that a copy of the current notice is posted in the reception area, and that I will be offered a copy of the any amended Notice of Privacy Practices at my next appointment.

Patients/Parents Signature

Today's Date