



### **Acknowledgement of Receipt of Pool Guidelines**

I understand my satisfaction is most important to Lewy Physical Therapy. If at any time I feel more comfortable with using the pool alone I will inform my therapist or any staff member. Lewy Physical Therapy will attempt to schedule my appointment time accordingly. I have read the above rules and regulations and agree to abide by all of the above as enforced by Lewy Physical Therapy. \_\_\_\_\_ (initial)

### **Acknowledgement of Receipt of Notice of Privacy Practices**

My signature below indicates that I have been given the Notice of Privacy Practices for LEWY PHYSICAL THERAPY, INC.. I recognize that outside of purposes for treatment, for payment, for certain health care operations or as permitted or required by law I must give my written authorization to LEWY PHYSICAL THERAPY, INC. to release any of my protected healthcare information. \_\_\_\_\_ (initial)

### **Authorization to use photographs and/or audio-visual (OPTIONAL)**

I, \_\_\_\_\_, hereby authorize Lewy Physical Therapy henceforth designated as "LPT", to use, reproduce, and/ or publish photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on LPT's website and social media outlets (i.e. facebook, twitter, etc.) This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, LPT may publish materials, use my name, photograph, and/or make reference to me any manner that LPT deems appropriate in order to promote/publicize service opportunities. \_\_\_\_\_ (initial)

\_\_\_\_\_  
**Patient or Authorized Representative's (Signature)**

\_\_\_\_\_  
Date