



## Acknowledgement in Receipt Of Privacy Practices.

I acknowledge receipt of a copy of the practice privacy policy of  
Next Step Physical Therapy, LLC and MyNuMi Fitness, LLC.

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Patient or personal representative Date

Please include the names of persons of whom we are permitted to discuss your  
medical condition and/or billing information.

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Name Telephone Relationship

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Name Telephone Relationship

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Name Telephone Relationship

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Name Telephone Relationship

I authorize Next Step Physical Therapy and MyNuMi Fitness to discuss my  
Medical Condition and/or billing information with above named person/s.

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Patient or personal representative Date