

**Greater Health and Rehabilitation**  
**201 N Ridgeway Drive Cleburne, Texas 76033**

**Phone: 817-641-9700**

**Fax: 817-641-8190**

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that a copy of this clinic's Notice of Privacy Practices has been made available to me. I also understand that this Notice is available by request.

\_\_\_\_\_  
Name of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

**Facility Use Only**

Patient has been provided Acknowledgement of Notice of Privacy Practices and has refused to sign.

\_\_\_\_\_  
Authorized Staff Signature

\_\_\_\_\_  
Date