

Professional Therapy Associates, Inc.
3900 Medina Road, Suite N Akron, OH 44333
330-665-0006 fax: 330-665-0008

Professional Therapy Associates reserves the right to modify the privacy practices outlined in the notice.

I certify that I have received a copy of the Notice of Privacy Practices for Professional Therapy Associates, Inc.

Name of Patient

Signature of Patient

Date

Signature of Patient Representative

(Required if the patient is a minor, or an adult who is unable to sign this form)

Relationship to Patient