

# ADVANTAGE

## Therapy Centers

1998 Route 70 East  
Cherry Hill, NJ 08003  
Tel (856) 424-2000  
Fax (856) 424-2007

100 Kings Way East, Suite B4  
Sewell, NJ 08080  
Tel (856) 256 – 0007  
Fax (856) 256 – 1020

1001 Briggs Rd, Suite 270  
Mt. Laurel, NJ 08054  
Tel (856) 840 – 0700  
Fax (856) 840 – 0767

### Patient Information Acknowledgement

#### Advanced Directives/DNR Forms

Please be advised that Advantage Therapy Centers has an emergency policy and procedure which indicates that 911 will be called for all patient emergencies. We request that all patients, upon admission, you supply Advantage Therapy Centers with copies of their Advanced Directives to retain in their medical chart so that in the event of a 911 emergency, so we can give your directives to the Emergency Transit Team.

By signing below, I acknowledge that I have been offered a copy of Advantage Therapy's emergency policy and Advanced Directives Information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

#### Emergency Contact

By signing below I acknowledge that my therapist will notify my emergency contact in the event of an emergency.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

#### Privacy Act/HIPPA

By signing below I acknowledge that I have been offered a copy of Advantage Therapy Centers' Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

#### Patient Rights

By signing below I acknowledge that I have received/reviewed a copy of Advantage Therapy's Patient Rights.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date