

**Advantage Therapy Centers**

**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