



STRIDE<sup>TM</sup>

PHYSICAL THERAPY & PEDORTHIC CENTER

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DATE: \_\_\_\_\_

I HAVE RECEIVED INFORMATION FROM STRIDE PHYSICAL THERAPY AND PEDORTHIC CENTER ABOUT THE NEW "HIPAA" PRIVACY PRACTICES AND MEDICARE DMEPOS SUPPLIER STANDARDS WHERE APPLICABLE.

PATIENT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
(IF MINOR)