



ACTIVE RECOVERY
TMS

Notice of Privacy Practices Acknowledgment

Active Recovery TMS, LLC and TMS Physican Services, PC has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information and whom to contact if you have questions, concerns or complaints.

We may change the Notice of Privacy Practices at any time and you may contact Active Recovery TMS, LLC at 503-719-4648 to obtain a current copy of the Notice of Privacy Practices or to ask questions.

By my signature below, I agree that I have received the Notice of Privacy Practices of Active Recovery TMS, LLC and TMS Physician Services, PC.

Printed name of patient

Patient or legally authorized individual’s signature
Time

Date

Printed name—if signed on behalf of the patient
guardian, etc.

Relationship (parent/legal guardian, etc.)

This form will be retained in your medical record

For Office Use Only

Office staff complete below:

I have attempted to obtain the patient’s signature on this form, but was not able to do so for the reason(s) listed below:

Date: _____

Staff Member

Initials: _____

Reasons _____
