

**Elizabeth A. Pastore PT, MA, COMT**

**Notice of Privacy Practices Patient Receipt**

Your signature on this document acknowledges that you have received a copy of the Privacy Practices information for Elizabeth A. Pastore PT, MA, COMT.

The Notice of Privacy Practices provides you with information about how Elizabeth A. Pastore PT, MA, COMT may use or disclose your protected health information. I encourage you to read it in full.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_