



**CHAMPIONS**  
RECOVERY ROOM

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**PATIENT ACKNOWLEDGMENT OF RECEIPT OF CHAMPIONS  
RECOVERY ROOM AND PHYSICAL THERAPY (CRRPT) NOTICE OF PRIVACY PRACTICES - HIPAA**

*Effective JANUARY 1, 2019*

I acknowledge that I have been provided with a copy of CRRPT Notice of Privacy Practices - HIPAA.

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**Patient Name (Print)**

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**Signature of patient or personal representative/Relationship to Patient**

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**Date**

For CRRPT use only:

Date CRRPT requested acknowledgement and signature: \_\_\_\_\_

Reason that signature and date were ***not*** obtained:

Refused     Emergency     Other

Note:

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