



Comprehensive Therapy Services

Speech Therapy • Occupational Therapy • Physical Therapy

Patient Name: _____
Medicaid Insurance ID #: _____

I have received and read a copy of Comprehensive Therapy Services' Notice of Privacy Practices.

Yo he recibido y leído una copia del Aviso de Practicas de Privacidad de Comprehensive Therapy Services.

Signature
Firma

Date
Fecha

Identification Verified

CTS Employee Initials