

**Spinal Balance**  
**Vincent Romviel, R.P.T, M.T,**  
1147 20<sup>th</sup> Street, Suite 301, Washington, DC, 20036  
TEL: (202) – 293 – 3364 , FAX: (202) – 223 – 6534

## **NOTICE OF PRIVACY PRACTICE**

The Notice is available at the office for your review with a copy for you to keep. You may also view it [here](#). After you have read it, please sign below to indicate that you have been informed.

I acknowledge with my signature below that I have read and received the Notice of Privacy Practice from Vincent J. Romviel, PT on the date signed.

Patient Name: \_\_\_\_\_

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

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