

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Please print name(s) _____

I as a Parent/Guardian of the above have received a copy of this office's Notice of Privacy Practices.

Name _____

Signature _____

Relationship to individual _____

OR

I the patient have received a copy of this office's Notice of Privacy Practices.

Signature _____

We attempted to obtain written acknowledgment of receipt of our Notice Privacy Practice, but acknowledgment note could not be obtained because

Individual refused to sign