

ACKNOWLEDGEMENT OF FEDERAL HIPAA PRIVACY PRACTICES

I hereby acknowledge that I have been presented with a copy of the **Notice of Privacy Practices** from **Advanced Pediatrics**.

Patients Name: _____ DOB: _____

Parent/ Legal Guardian: _____ Date: _____

Signature

The undersigned **refused or failed** to acknowledge receipt of this **Notice of Privacy Practices**.

Patients Name: _____ DOB: _____

Parent/ Legal Guardian: _____ Date: _____

Signature