nataloni
Pediatrics P.C.

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ACKNOWLEDGEMENT OF RECIEPT OF NOTICE OF PRIVACY PRACTICES

Notice to patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. To may refuse to sign this acknowledgement, if you wish

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I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Patient Name Date of Birth

Parent/Legal
Guardian Name

Parent/Legal Guardian Signature:____

Date:

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

The patient refused to sign.

Due to an emergency situation it was not possible to obtain acknowledgement

We weren't able to communicate with the patient

Other

Employee Signature:_____________________________________ Date

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