



NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the Notice of Privacy Practices.

*PLEASE LIST ALL CHILDREN AND THEIR DATES OF BIRTH:*

	NAME	DOB
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

\_\_\_\_\_  
Signature of Patient, Parent, or Representative

\_\_\_\_\_  
Date

**STAFF USE ONLY**

Parent/Guardian unable to sign due to emergency office visit.

Parent/Guardian refused to sign.

Other \_\_\_\_\_