

UNIVERSITY PEDIATRIC ASSOCIATION

Acknowledgement of Review of Notice of Privacy Practices

*****You may refuse to sign this acknowledgement***
*****You may request a copy of the Notice of Privacy Practices*******

I, _____, have reviewed/received a copy of this
(Parent or Legal Guardian)

office's Notice of Privacy Practices. Please list all current patients this
acknowledgement applies to: _____

(Print Parents Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)