



Primary Care Pediatrics
and Family Medicine

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____, have received a copy of Primary Care Pediatrics and Family Medicine, P.C,
(please print patient name) Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date Signed

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies, but
acknowledgement could be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (specify) _____