

Pediatric Professional Associates, P.A.

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

Dated January 27, 2017

I, [name of patient] _____, acknowledge and agree that I have received a copy of **Pediatric Professional Associates, P.A.**'s Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to Patient

Pediatric Professional Associates, P.A. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices.