

Patient Name: _____

Pat Acct #: _____

Spring Pediatrics

Acknowledgement of Review of Notice of Privacy Statement

I have had the opportunity to review the Notice of Privacy Statement for the office of Spring Pediatrics. This document explains how my medical information will be used and disclosed. I understand that I am entitled to and may request a copy of this document.

Note: Our Notice of Privacy is subject to change.

Signature of Patient or Personal Representative

Date

Print Patient or Personal Representative's Name

OFFICE USE ONLY:

We attempted to obtain written acknowledgement of the patient's (or Personal Representative's) having reviewed our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:

- Patient Refused to Sign
- Patient Representative Refused to Sign
- Emergency Situation Prevented Signature
- Other (please specify) _____

Provider Representative Signature

Date