

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Eden Park Pediatric Associates.

The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at www.EdenParkPeds.com or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from Eden Park Pediatric Associates.

Name of Patient

Date of Birth

Name of Patient's Parent/Guardian

Signature of Patient's Parent/Guardian

For Practice Use Only

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

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