



Written Acknowledgement Form Receipt of Notice of Privacy Practices

I acknowledge that I was provided with the Notice of Privacy Practices of Pecan Tree Pediatrics.

Name of Patient _____ DOB: _____

*Signature of Parent/Legal Guardian _____

Relationship of Parent/Legal Guardian _____

Signature of Witness _____ Date: _____

For 18 years of age or older

Signature of Patient _____ Date: _____

Patient's Date of Birth _____

If the patient refuses to sign this acknowledgement, indicate your attempt to obtain a signature below.

Patient refused to sign this acknowledgment.

Date/Time: _____

Reason for not obtaining the acknowledgement: _____

Employee Signature: _____

Employee Name: _____