

F. READ HOPKINS PEDIATRIC ASSOCIATES, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

Patient(s) Name(s): _____ DOB: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature: _____ Date: _____
(Parent/Legal Guardian/Patient)

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared By: _____

Signature: _____ Date: _____