



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign this Acknowledgement

I, _____, have received a copy of this office Notice of Privacy Practices. I hereby authorize the following person or persons to receive medical information regarding my child's care and bring them to this office if I am unable too.

AUTHORIZATION LIST

<u>NAME:</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

NAME OF PATIENT: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

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

- ____ Individual refused to sign
 - ____ Communication barriers prohibited obtaining the acknowledgment
 - ____ An emergency situation prevented us from obtaining acknowledgment
 - ____ Other (Please specify)
- _____
- _____