

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, I hereby acknowledge my receipt of Country Kids Pediatrics Notice of Privacy Practices which explains how my child's medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

CHILD'S NAME:	DATE OF BIRTH:
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PRINTED NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Patient/legal guardian declined to accept Notice of Privacy Practices

Patient/legal guardian received Notice of Privacy Practices, but refused to sign acknowledgement form

PRINTED EMPLOYEE NAME

SIGNATURE OF EMPLOYEE NAME

DATE