

## Acknowledgment of Receipt of Notice of Privacy Practices

Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 (HIPPA). Under HIPPA, providers of healthcare are required to give patients their Notice of Privacy for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I \_\_\_\_\_ (Printed name of parent or legal guardian), acknowledge that A to Z Pediatrics PC has provided a written copy of its Notice of Privacy Practices for (print name of the patient) \_\_\_\_\_.

_____	_____	_____	_____
Signature of Patient/ Parent/ Guardian	Date (mm/dd/yyyy)	Printed Name	Relationship