



Patient's HIPAA Acknowledgement

I have read and received a copy of the "Notice of Privacy Practices" for The Pediatric Center.

Child/Children's Information

Child 1

Full name: _____

Date of birth: _____

Child 2

Full name: _____

Date of birth: _____

Child 3

Full name: _____

Date of birth: _____

Child 4

Full name: _____

Date of birth: _____

Signature of Patient or Patient's Authorized Representative

Date: