

Medical Record #: _____

PRIMECARE PEDIATRICS

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Receipt of Notice of Privacy Practices Written Acknowledgment Form

I, _____, hereby acknowledge that I have received a copy of the
Parent's/Guardian's Name (please print)

Notice of Privacy Practices from PrimeCare Pediatrics.

Signature of Parent or Guardian *Relationship to Child/Children* *Date*

Please list all children in your Household seen in our Practice

Child's Last Name	Child's First Name	Child's Date of Birth