



Section A: Parent or Legal Guardian

Name: _____

Telephone: _____ Cellular: _____ Email: _____

Section B: Acknowledgement of Receipt of Privacy Practices Notes

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

For Office Use Only:

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

- Individual refused to sign
- Communications barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____