

Pediatric Partners, LLC

Offer of Notice of Privacy Practices Written Acknowledgment Form

I, _____, have been offered a copy of the Notice of Privacy Practice.

I allow the practice to leave a message for me on my answering machine and/or voice mail. (Cross out if you do not allow this)

I allow the practice to contact me by telephone. (Cross out if you do not allow this.)

I allow the practice to contact me in writing. (Cross out if you do not allow this.)

Patient Name

Date

Signature of Parent/Guardian