



Patient Acknowledgement

Receipt of Privacy Notice

I, _____ hereby affirm that I have received a copy of the *Notice of Privacy Practices* from *Seashore Pediatrics*. Under federal law 104-191, also known as HIPAA, I am entitled to receive a copy of this Notice from my healthcare provider.

I understand that my signature on this Acknowledgement only signifies that I have received a copy of the *Notice*, and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this Acknowledgement or not.

Patient Name: _____

Printed Name of Parent: _____

Signature of Parent: _____

Date: _____

For Office Use Only:

Received By:
Date Received:
Patient Declined:
Staff Signature: