

Notice of Privacy Practices: Acknowledgment of Receipt



SUBURBAN PEDIATRICS, P.C.
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www.suburbanpediatrics.com

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of Suburban Pediatrics, P.C. The Notice of Privacy Practices provides information about how the practice may use and disclose my protected health information.

The Notice of Privacy Practices is subject to change. If it is changed, a copy of the revised Notice will be posted in the office of Suburban Pediatrics, P.C. and I may request a copy at any time.

_____ Signature of Patient or Legal Guardian	_____ Date
_____ Printed Name of Patient or Legal Guardian	_____ Relationship
_____ Name of Patient (if other than above)	_____ Date of Birth

INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain Acknowledgement and the reasons why the Acknowledgment was not obtained.

_____ Signature of Provider Representative	_____ Date
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