

## **Acknowledgement of Receipt of Notice of Privacy Practices**

Pediatric Partners LLC reserves the right to modify the privacy practices outlined in the notice.

I have reviewed a copy of the Notice of Privacy Practices for Pediatric Partners LLC and acknowledge that I may request a copy at any time.

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Name of Patient (print)

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Date

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Signature of Patient Representative (required if the patients is a minor)

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Relationship of Patient Representative to patient

