

**ABC PEDIATRICS, LTD**  
**NOTICE OF PRIVACY PRACTICES**  
**WRITTEN ACKNOWLEDGEMENT FORM**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

I have received the attached ABC Pediatrics, LTD. Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth of the Patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth of the Patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth of the Patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth of the Patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth of the Patient

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Legal  
Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date (if indicated)