

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the solo pediatric practices of Doctors Corso, Resk, Stoeber, and Bugakov.

\_\_\_\_\_  
**Print Name of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian** **Relationship to Patient**

THIS SECTION TO BE COMPLETED BY OFFICE STAFF ONLY

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### ATTEMPT TO OBTAIN AN ACKNOWLEDGMENT OF THE RECEIPT OF NOTICE OF PRIVACY PRACTICES

An attempt was made to obtain an acknowledgment of receipt of the Notice of Privacy Practices on \_\_\_\_/\_\_\_\_/\_\_\_\_. The acknowledgment was not obtained for one of the following reasons:

- The parent or legal guardian declined to sign the acknowledgment
- Other \_\_\_\_\_

#### SIGNATURE OF STAFF

\_\_\_\_\_  
**Print Name of Patient**

\_\_\_\_\_  
**Print Name of Staff Member**

\_\_\_\_\_  
**Signature of Staff Member** **Date**