



18135 E. Petroleum Drive Ste A
Baton Rouge, LA 70809

Tel (225)636-5437
Fax (225)636-5547

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of the Notice of Privacy Practices of the Pediatric Place, LLC.

I specifically allow the following persons access to the protected medical information:

Patient Name (Print)

_____/____/____ _____
Signature of patient or guardian Date Relationship to patient

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Parent or guardian refused to sign (Date of Refusal) ____/____/____
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other _____

Attempt was made by: _____ Date: ____/____/____

Explain: _____