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## ACKNOWLEDGMENT 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:

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\_\_\_\_\_  
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/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: \_\_\_\_\_