



Sun Pediatrics

Acknowledgement of Receipt of Notice of Privacy Practices

This document is to be signed by a person legally responsible for the patient’s medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Sun Pediatrics has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints, I may contact the Office Manager at Sun Pediatrics at 678-501-5601 or e-mail at info@sunpediatrics.com

Privacy Contact Person

I also understand that I am entitled to receive updates upon request if Sun Pediatrics amends or changes its Notice of Privacy Practices in a material way.

_____ Signature

Print Name

_____ Relationship to Patient, if signed by someone other than patient.

_____ Date

_____ **IF SIGNATURE OBTAINED FROM PERSON OTHER THAN A LEGALLY RESPONSIBLE INDIVIDUAL, ACTION TAKEN TO OBTAIN LEGAL SIGNATURE:**

Given to above signee Sent home via U.S. Mail

In either situation the parent/legal guardian is requested to sign and return to Sun Pediatrics.

THIS SECTION IS TO BE COMPLETED BY SUN PEDIATRICS IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgment. Other (specify):
Name and title of employee Date