

Patient's Name: _____ Date of Birth: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
BELLAIRE PEDIATRICS

As required by the privacy regulations, I hereby acknowledge that I have received a current copy of Bellaire Pediatrics "NOTICE OF PRIVACY PRACTICES".

As required by the privacy regulations, medical staff from Bellaire Pediatrics has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the privacy Regulations, I am aware that Bellaire Pediatrics has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Signature

Print name

Date