

**Bard and Didriksen Pediatrics, P.C.**  
*Acknowledgement of Receipt of Notice of Privacy Practices*

**Acknowledgement of Receipt**

Bard & Didriksen Pediatrics, P.C. reserves the right to modify the privacy practices outlined in the notice.

**Signature**

I have received a copy of the Notice of Privacy Practices for Bard & Didriksen Pediatrics, P.C.

\_\_\_\_\_  
**Name of Patient (Print or Type)**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient Representative**

(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
**Relationship of Patient Representative to Patient**

**Inability to Obtain Acknowledgement of Receipt**

**Attempt to Obtain Acknowledgement**

An attempt was made to obtain an acknowledgment of receipt of the Notice of Privacy Practices on \_\_\_\_\_. The acknowledgment was not obtained because:

\_\_\_ The patient was undergoing emergency treatment.

\_\_\_ The patient declined to sign the acknowledgement

\_\_\_ Other \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name of Patient (Print or Type)**

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

\_\_\_\_\_  
**Date**