

Bard and Didriksen Pediatrics, P.C. Acknowledgment 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 read a copy of the notice of Privacy Practices for Bard and Didriksen Pediatrics, P.C.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Date

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

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 was declined to sign the acknowledgment

_____ Other _____

Signature: _____

Name of Patient (Print or Type)

Name of Staff Member

Date

