

# 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)

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## 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

