



Children's Medical Group, P.A.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.**

I, _____, have received a copy of Children's Medical
Patient Name
Group's Notice of Privacy Practices.

Signature of Patient or Parent/Personal Representative

Date

Name of Patient (Child #1)

Name of Patient (Child #2)

Name of Patient (Child #3)

Name of Patient (Child #4)
List additional children if required

Description of Personal Representative's Authority