

Dunwoody Pediatrics

**Receipt of Notice of Privacy Practices
Written Acknowledgement Form**

Patient Name: _____ Date of Birth: _____

I, _____, have had the opportunity to review a
(Please Print)

copy of Dunwoody Pediatrics Notice of Privacy Practices.

Signature of Patient/Parent/Guardian

Date

Relationship to Patient

FOR INTERNAL PURPOSES ONLY	
Patient/Parent/Guardian Refused to sign _____	_____
<i>(Date)</i>	<i>(Initials)</i>

I hereby grant permission to Dunwoody Pediatrics to contact me and/or leave a message at either my home or work place. These numbers are on file and can be used to confirm an appointment, to notify me that test results are available, to notify me that a form or prescription is ready for pick-up or to conduct any other relevant business that is deemed necessary.

Personal or detailed information will not be left on an answering machine or voice mail.

Signature of Patient/Parent/Guardian

FOR INTERNAL PURPOSES ONLY	
Patient/Parent/Guardian Refused to sign _____	_____
<i>(Date)</i>	<i>(Initials)</i>