Acknowledgement of Receipt of Notice of Privacy Practices

Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgement that this notice was received.

acknowledge that Ahwatukee Pe	(printed name of parent or legal guardian), diatrics, P.C. has provided a written copy of its Notice of Privacy Practices for Protected (printed name of patient).		
Signature of Patients Parent or Legal Guardian		Printed Name	Relationship to Patient
To be completed by Ahwatukee F	ediatrics, P.C.		
 We made a good faith at Practices for Protected H 	•	ove named patient with a co e were not successful for th	
Cindy Cain, Office Administrator	Signature		Date