

## Acknowledgment 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 acknowledgment that this notice was received.

Therefore, I, \_\_\_\_\_ (printed name of patient or legal guardian), acknowledge that **Ahwatukee Pediatrics, P.C.** has provided a written copy of its Notice of Privacy Practices for Protected Health Information for (print name of patient):

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_____ Signature of Patient, Parent or Legal Guardian	____/____/20____ Date (mm/dd/yyyy)	_____ Printed Name	_____ Relationship
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