

Notice of Privacy Practices Acknowledgement

I acknowledge that I have been given a copy of the “Notice of Privacy Practices” for Southeastern Pediatric Associates, P.A. and that I will be provided a detailed copy upon request. This Notice is based on the final regulations for HIPAA with a compliance date of 9/23/2013.

Signature of Parent, Legal Guardian, or Patient (if of legal age)

Relationship to Patient (or authority to serve)

Patient Name

Date

Patient’s Date of Birth

[If parent, legal guardian or patient of legal age is unable or refuses to sign the form, document the reason(s) on this form and file in patient record.]

Any reason given for refusing to sign the form: _____

