

Southwest Pediatrics

Hitesh Z. Shah, M.D., F.A.A.P.
Charity O. Santiago, M.D., F.A.A.P.

**PATIENT ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

Date: _____

You have the right to refuse to sign this Acknowledgement

print patient's name

I, _____, have
(signature of parent/guardian

received a copy Southwest Pediatrics, *NOTICE OF PRIVACY PRACTICES*
as required by law.

FOR OFFICE USE ONLY

On the date above we made a "good faith effort" to obtain written
Acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES
We were unable to obtain acknowledgement for the following reasons:

_____ Parent/Guardian refused to sign

_____ Other _____

Employee attempting to gain acknowledgement: _____

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