

# Southwest Pediatrics

Hitesh Z. Shah, M.D., F.A.A.P.  
Charity O. Santiago, M.D., F.A.A.P.  
Allyson R. Self, 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 of 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 acknowledgment: \_\_\_\_\_