

# Meridian Pediatrics



## MERIDIAN PEDIATRICS Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_

Patient ID #: \_\_\_\_\_

I hereby acknowledge that I have received a copy of Meridian Pediatric's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

- Relationship to Patient (if applicable)**
- Parent or guardian of unemancipated minor
  - Court appointed guardian
  - Executor or administrator of decedent's estate
  - Power of Attorney

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,  
\_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time  
(will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_