



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge that Advanced Pediatric Therapies Notice of Privacy Practices has been made available to me. A paper copy of this notice will be provided at my request. This Notice is also displayed in the waiting room and on Advanced Pediatric Therapies website www.advancedpediatrictherapies.com.

Patient's Name Printed

X _____
Patient or Personal Representative's Signature

Personal Representative's Name and Relation to Patient

Patient's Date of Birth

Date

Documentation of Good Faith Effort

The patient identified above was made aware of the availability of the Privacy Notice on this date. A good faith effort has been to obtain a written acknowledgment of this. However, acknowledgement has not been obtained because:

___ Patient refused to sign the Notice of Privacy Practices Acknowledgment

___ Patient was unable because: _____:

Employee's Name Printed

Employee's Signature

Date