ADVANCED PEDIATRIC THERAPIES

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.

_____ X_____

Patient or Personal Representative's Name Printed Patient or Personal Representative's Signature

_____ _____

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Personal Representative's Relation to Patient Patient's Date of Birth Date

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Email Consent Notice Acknowledgment

I acknowledge that Advanced Pediatric Therapies Email Informed Consent Notice has been made available to me. A paper copy of this notice will be provided at my request. This notice is also displayed on Advanced Pediatric Therapies website www.advancedpediatrictherapies.com.

I have read the risks factors and conditions for the use of e-mail and understand Advanced Pediatric Therapies cannot guarantee privacy for e-mail communications over the internet. I hereby consent to the use of email for communications to and from Advanced Pediatric Therapies regarding my medical treatment.

_____ Yes _____ No

_____ X_____

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Patient or Personal Representative's Name Printed Patient or Personal Representative's Signature Date

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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