



Acknowledgement of Receipt of the Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given access to a copy of the PediatriCare of Northern VA, PC Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in the Notice of Privacy Practices, please do not hesitate to contact a clinic representative. Also, a copy is posted on our website at www.pediatricare.com.

PATIENT Last Name	PATIENT First Name	DOB

Signature	Relationship	Date
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