

Chart # \_\_\_\_\_

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

**Form of Written Acknowledgment of Receipt  
Of Hendersonville Pediatrics'  
Notice of Patient Privacy Practices**

By signing this Written Acknowledgment of Receipt of Hendersonville Pediatrics' Notice of Patient Privacy Practices ("Acknowledgment"), I hereby expressly acknowledge my receipt of Hendersonville Pediatrics' Notice of Patient Privacy Practices.

\_\_\_\_\_  
Signature of Patient, Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Patient, Parent or Legal Guardian

\_\_\_\_\_  
Date

*(Below for Office Use Only)*

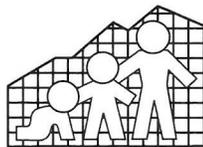
Acknowledgment **NOT** obtained because:

\_\_\_ Patient or legal representative, declined Notice of Patient Privacy Practices;

\_\_\_ Patient treated in emergency room and discharged before obtaining Acknowledgment;

\_\_\_ Other (briefly describe)

\_\_\_\_\_



**Hendersonville Pediatrics'  
Written Acknowledgment  
of Receipt of NPPP**