



Capitol Pediatrics, P.C.

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about our Patients. As provided in our notice, the terms of our notice may change, if we change our notice you may obtain a revised copy.

I _____, (please print YOUR name), Parent or Guardian
for _____, (please print PATIENT'S name), have received
and reviewed a copy of Capitol Pediatrics P.C.'s Notice of Privacy Practices,
either online
at www.capitolpediatrics.com or by receiving a copy at the office.

I understand that I may ask Questions to the staff at Capitol Pediatrics P.C.,
if I do not understand any information contained in the Notice of Privacy
Practices.

Parent or Guardian Signature: _____

Date: _____.