

Asheville Pediatric Associates, PA

Written Acknowledgment of Receipt of Notice of Patient Privacy Practices

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

Patient or Legal Representative Signature

Printed Patient or Legal Representative Name

Date

(Below, for Office Use Only)

Acknowledgement **NOT** obtained because:

Patient or legal representative, declined Notice of Patient Privacy Practices

Other (describe)
