

Development is CHILD'S PLAY!

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES

Client

Date

I, _____, have received a copy of this agency's Notice of Privacy Policies and Practices and authorize use and disclosure of my child's health information for treatment, payment, and healthcare operations.

Print Name

Signature of parent or legal guardian

Date

Signature of other parent, if required

Date

Relationship to Client

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

Other (Please explain)

rev 4/04