



Ad- Park Pediatrics S.C.  
Notice of Privacy Practices Form

## Receipt of Notice of Privacy Practices Form

I, \_\_\_\_\_, hereby acknowledge receipt of Ad-Park Pediatrics Associates, S.C.'s Notice of Privacy Practices. The notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information as well as pertinent office policy.

I understand that Ad-Park pediatric Associates, S.C. reserves the right to change their privacy practice that are described in the Notice. I also understand that a copy of any revised Notice will be available for review upon request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient(s): \_\_\_\_\_