



**Kids First Pediatrics of GA
Acknowledgement of Receipt of Notice of Privacy Practices**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Kids First Pediatrics of Georgia. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at www.kidsfirstga.com or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from Kids First Pediatrics of Georgia

Please Print Name _____

Signature _____

Relationship to patient _____

Date _____

Following is for office use only:

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

____ Individual refused to sign

____ Communications barriers prohibited obtaining the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgement

____ Other (Please Specify) _____