

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

By signing below, I indicate that I have received a copy of the **Hirsch Pediatrics Notice of Privacy Practices**.

Date	Signature of Legal Guardian (or patient)	Print name of Legal Guardian (or patient)	
		parent	
	Patient(s) Name(s)	<u> </u>	_
	Patient(s) Name(s)	Relationship to Patient	