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UPDATED***NOTICE OF PRIVACY PRACTICES**
FOR MENDON PEDIATRICS, PLLC
EFFECTIVE 9/24/2011

I acknowledge that I was provided with a copy of the Notice of Privacy Practices for Mendon Pediatrics, PLLC.

_____
Print Name of Patient

_____
Signature of patient (or parent/guardian if less than 18 years of age).

_____
Date

**If person signing is NOT the patient, please print your name and relationship to the patient below:

_____

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I, _____, request a copy of the

Notice of Privacy Practices _____ Yes _____ No

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For Office Use Only:
If patient or representative requested a copy of the Notice, enter the date the copy was provided.
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If this form cannot be signed by patient or guardian, state reasons why and the efforts taken to obtain the acknowledgement: _____