



Jacksonville Pediatrics P.A.

2606 Park Street • Jax, FL 32204
Email: info@jaxpeds.com
Telephone: 904-388-4646
Fax: 904-388-9017

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Jacksonville Pediatrics. Our Notice provides information about how we may use and disclose the medical information that we maintain about you.

If you have any questions about our *Notice of Privacy Practices* that our registration staff cannot answer, please contact our Compliance Officer at (904) 388-4646.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge receipt of the *Notice of Privacy Practices* of Jacksonville Pediatrics.

Signature:

_____ *Patient, Parent or Personal Representative*

Date:

2606 Park Street • Jax, FL 32204
Email: info@jaxpeds.com
Telephone: 904-388-4646
Fax: 904-388-9017

For Office Use Only

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this patient but it could not be obtained for the following reason:

- The patient/legal representative refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient/legal representative.
- Other (provide specific details: _____

Employee Signature

Date