

ABC Pediatrics of Asheville, PA

Notice of Privacy Practices

Acknowledgement Form

I acknowledge that ABC Pediatrics follows Federal and State privacy guidelines. I have received a copy of ABC Pediatrics Notice of Privacy Practices and have the right to review the notice prior to signing this consent. ABC Pediatrics reserves the right to revise its Notice of Privacy Practices at any time. The Notice of Privacy Practice is available at the front desk of our office and our website.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relation to Patient _____