



Wheaton Pediatrics, Ltd

Acknowledgement of Receipt of Notice of Privacy

I acknowledge that I have received the Notice of Privacy Practices for Wheaton Pediatrics, Ltd.

Patient Name/s and Date/s of Birth: _____

Signature: _____

Printed Name: _____

Relationship to patient (if applicable*): _____

Date: _____

*If the above signature is of a Personal Representative for the patient, please describe your relationship to the patient.