Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received and understand Southern Indiana Pediatrics, P.S.C.'s *Notice of Privacy Practices* containing a description of the uses and disclosures of my health information. I further understand that Southern Indiana Pediatrics, P.S.C. may update its *Notice of Privacy Practices* at any time and that I may receive an updated copy of Southern Indiana Pediatrics, P.S.C.'s *Notice of Privacy Practices* by submitting a request in writing for a current copy of Southern Indiana Pediatrics, P.S.C.'s *Notice of Privacy Practices.*

_____
Printed Patient Name

_____ _____
Patient Signature Date

If completed by patient's personal representative, please print name and sign below.

_____ _____
Printed Patient Personal Representative Name Relationship to Patient

_____ _____
Patient Personal Representative Signature Date

For Southern Indiana Pediatrics, P.S.C. Official Use Only Complete

this form if unable to obtain signature of patient or patient's personal representative.

Southern Indiana Pediatrics, P.S.C. made a good faith effort to obtain patient's written acknowledgement of the *Notice of Privacy Practices* but was unable to do so for the reasons documented below:

- ❑ Patient or patient's personal representative refused to sign
- ❑ Patient or patient's personal representative unable to sign

Printed Employee Name _____

Employee Signature _____ Date_____