

**GENESIS PEDIATRICS, LLC**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I was provided a copy of the Notice of Privacy Practices for Genesis Pediatrics.

\_\_\_\_\_  
Printed Name of Parent / Patient (if 18 and older)

\_\_\_\_\_  
Signature of Parent / Patient (if 18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

Please list name(s) of patient(s) and date of birth

\_\_\_\_\_  
\_\_\_\_\_  
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