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**ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
(You May Refuse to Sign This Acknowledgement)

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices of the Pediatric Place, LLC.

I specifically allow the following persons access to the protected medical information:

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\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

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**For Office Use Only**

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Parent or guardian refused to sign (Date of Refusal) \_\_\_\_\_
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other \_\_\_\_\_

Attempt was made by: \_\_\_\_\_ Date: \_\_\_\_\_

Explain: \_\_\_\_\_