



Acknowledgement of Receipt of Practices and Policies

I acknowledge that I have received and am in understanding of the following practices, policies, and procedures adopted by The Pediatric Place. I am aware that at any time, all forms and these policies, practices, and procedures can be viewed and obtained online via the website, <https://thepedplace.com>, or copies can be requested from The Pediatric Place. Should I have any concerns regarding these procedures, I understand that I can contact the office to discuss these concerns.

Notice of Privacy Practices

HIPAA / Release of Information

Credit Card on File

Policies of The Pediatric Place

Patient Vaccination and Well Child Agreement

Printed Name:

Signature:

Patient Name:

Date: