



## Chesterfield Pediatrics, P.C.

### RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about our Patients. As provided in our notice, the terms of our notice may change, if we change our notice you may obtain a revised copy.

I \_\_\_\_\_, (please print YOUR name), Parent or Guardian for \_\_\_\_\_, (please print PATIENTS name), have received a copy of Chesterfield Pediatrics P.C.'s Notice of Privacy Practices, either by being informed of the one in the waiting room, being told about the copy I can read and print off at [www.chesterfieldpediatrics.com](http://www.chesterfieldpediatrics.com) or by receiving a copy at the office.

I understand that I may ask Questions to the staff at Chesterfield Pediatrics P.C., if I do not understand any information contained in the Notice of Privacy Practices.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_.