

Liberty Sharonville Pediatrics, Inc.

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

I, _____, have received a copy of the Liberty
Parent/Guardian/Adult Patient Name
Sharonville Pediatrics, Inc. Notice of Privacy Practices.

Signature of Parent/Guardian/ Adult Patient

Date

Full Names of Children and Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

.....
FOR OFFICE USE ONLY
.....

We attempted to obtain written acknowledgement of receipt of our notice of privacy practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communications barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (please specify)

