

**Wake Forest Pediatric Associates, PLLC
Notice of Privacy Practices Receipt**

I acknowledge that I was provided with the Notice of Privacy Practices of Wake Forest Pediatric Associates, PLLC.

For Personal Representative of the Patient (if applicable)

Print Your Name _____

Signature _____

Relationship to Patient (mom, dad, guardian, etc.) _____

Print Today's Date: _____

For Office Use Only

Print Name of Patient: _____

Patients' Date of Birth: _____

Patients' ID/Chart Number: _____

Signature of Practice Employee: _____

Date: _____