



Acknowledgement of the Notice of Privacy Practices

I hereby acknowledge that on _____, I received a copy of the Morphis Pediatrics Notice of Privacy Practices which sets forth the way in which my protected health information may be used or disclosed by Morphis Pediatrics and outlines my rights with respect to such information. I also acknowledge that I have been allowed to ask questions. If I am not the patient, I represent that I am authorized by law to act for and on the patient's behalf.

By signing below, I acknowledge that I have read, understand and consent to all articles listed above.

Signature of Patient, Parent or Guardian

Date

Relationship to Patient

Witness