



TRESTLEWOOD PEDIATRICS

Keeping Your Child's Health On Track

Robert B. Page, M.D., F.A.A.P.

Anthony J. Van Es, M.D., F.A.A.P.

Kiersten S. Derby, M.D., M.P.H.

Stephanie Somers, M.D., F.A.A.P.

Rebekah L. Lampart, D.O., F.A.A.P.

**** Acknowledgement of Receipt of Notice of Privacy Practices ****

Name of Children

Date of Birth

By signing below I acknowledge that I have received a copy or was offered a copy of the Notice of Privacy Practices.

Signature of Patient or Personal Representative

Relationship to Patient

Date

Office use only:

Our practice will make a good faith effort to obtain a written acknowledgement of receipt of notice provided to the individual. If written acknowledgement is not obtained our practiced must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not signed.

Refused initial _____

Physically unable to sign _____

Other _____

Employee Signature: _____ Date: _____