



Receipt of Notice of Privacy Practices Written Acknowledgement Form

I _____, have received a copy of Margiotti & Kroll Pediatrics, P.C.'s Notice of Privacy Practices.
 Parent/Guardian Name

 Signature of Parent/Guardian

 Date

 Parent/Guardian Name (please print)

Please list below the names and dates of birth of all your children / dependents who are patients of Margiotti & Kroll Pediatrics, P.C.:

NAME	Date of Birth

For office use only:

_____ Unable to obtain acknowledgement

Reason: _____

Employee initials: _____ Date: _____