

Long Pond Pediatrics, LLP Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I was provided a copy of the Notice of Privacy Practices for Long Pond Pediatrics, LLP.

\_\_\_\_\_  
Print Name Parent/Patient (18 or older)

\_\_\_\_\_  
Signature Parent/Patient (18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

Please list name(s) of patient(s) and date of birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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