



Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of the Pediatrics in Brevard Notice of Privacy Practices for review. I understand that if I have any questions about the Notice of Privacy Practices I may contact the Privacy Officer at (321) 636-3066, or discuss any questions I may have with my child's physician.

Child's Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Date