



Valley Children's Healthcare

Acknowledgment of Notice of Privacy Practices

I acknowledge that I have received the Valley Children's Healthcare Notice of Privacy Practices.

Date: _____ Time: _____ AM / PM

Patient's Name: _____ DOB (mm/dd/yy): _____

Print Name: _____ Signature: _____
(Patient or Legal Representative)

Your relationship to patient: _____

Witness: _____

Parents Refused

Failure to Obtain

For Office Use

Notation placed in EMR on _____ By: _____