

**Notice of Privacy Practices
Old Harding Pediatric Associates**

**Acknowledgement Form
(Under 18yrs of age)**

I have received the Notice of Privacy Practices, version 3:0, and I have been provided an opportunity to review. I understand that my signature indicates that I understand the information within the notice.

Patient Name: _____

Date of Birth: _____

Mother Name: _____

Father Name: _____

Parent/Guardian Signature: _____

Date: _____