



Lake Ray Hubbard Pediatrics

Newborn, Child & Adolescent Medicine

## Lake Ray Hubbard Pediatrics, PA

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## Acknowledgment of Receipt Of Notice Of Privacy Practices

My signature below indicates that I have received a copy of the "Notice of Privacy Practices" for Lake Ray Hubbard Pediatrics, PA.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Account Number(s)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice Of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please specify)

\_\_\_\_\_

Office Staff Member Initials: \_\_\_\_\_

Effective April 14, 2003 – HIPAA-002