



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