

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

CHILDREN'S UROLOGY GROUP

Effective April 14, 2003

I have received a copy of the Notice of Privacy Practices for Children's Urology Group.

Signature:

Parent/Guardian or Patient if over 18 or Emancipated

Date

Print Name

Relationship to Patient

FOR STAFF USE ONLY

A copy of the Notice was given on _____ and the signature was refused by attending adult, parent, adult patient or emancipated adult patient.

Name, Position

Date

Signature

Patient:

DOB:

Acct #:

April 2003
CUG NPP Complete