

**Jeffers, Mann, and Artman Pediatric and Adolescent Medicine, P.A.  
Clayton Pediatric and Adolescent Medicine**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of Jeffers, Mann and Artman  
(Parent and/or Patient)

Pediatric and Adolescent Medicine, P.A.'s /Clayton Pediatric and Adolescent  
Medicine's Notice of Privacy Practices.

If parent signing, please list child's/children's full name(s) and Date of Birth (DOB):

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

\_\_\_\_\_  
Name DOB

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date