

**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