

Jeffers, Mann & Artman Pediatric and Adolescent Medicine, P.A.

**HIPAA RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM
VERSION SEPTEMBER 30, 2018**

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

Pediatric and Adolescent Medicine, P.A.'s Notice of Privacy Practices for review.

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/Guardian

Date

Signature of Patient

Date