

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

WEE CARE PEDIATRICS GROUP PLLC reserves the right to modify the privacy practices outlined in the notice.

SIGNATURE:

I have received a copy of the Notice of Privacy Practices for **WEE CARE PEDIATRICS GROUP PLLC**.

Name of patient (print or type)

Signature of Patient

Date

Signature of Patient Representative

(Required if the patient is a minor)

Relationship of the Patient Representative to the Patient