



**SANDERS COURT PEDIATRICS, LTD.**

**ACKNOWLEDGEMENT OF  
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

The Health Insurance and Portability and Accountability Act (HIPAA) of 1996 requires all healthcare providers to provide all of their patients a Notice of Privacy Practices.

I acknowledge that I have received the Notice of Privacy Practices for Sanders Court Pediatrics, Ltd.

**Patient Name & Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Notice of Privacy Practices 04/14***

Revision Date: 12/21/2016