



Timber Lane Pediatrics

(802-864-0521)

Federal HIPAA Regulations require that you acknowledge receipt of this information.

NOTICE OF PRIVACY PRACTICES

Patient Name: _____

I have received a copy of Timber Lane Pediatrics' Notice of Privacy Practices.

Signature	Relationship to Patient	Date

Please list other children in the family who are patients at this office:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

I attempted to obtain the patient's and/or guardian's signature in acknowledgement of the Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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