COVENANT CARE PEDIATRICS, P.C.

Receipt of Notice of Privacy Practices
Written Acknowledgement Form

I, _____, have received a copy of the Notice of Privacy
Parent/Guardian Name (please print)

Practices from Covenant Care Pediatrics.

_____ _____
Parent/Guardian Signature Date

Please list each child that is seen in our practice:

Child's First Name	Child's Last Name	Child's Date of Birth