

Watoto Pediatric & Adolescent Specialty, LLC

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

Watoto Pediatrics is required to provide you with a copy of our Notice of Privacy Policies and Practices form. These state how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received the Notice of Privacy Policies and Practices form.

Signature of Patient or Patient's Parent

Date

Print Name

Date

If written acknowledgment if not obtained, please check reason:

- Notice of Privacy Policies and Practices-Patient Unable to Sign
- Notice of Privacy Policies and Practices-Patient Declined to Sign
- Other: _____

FOR OFFICE USE ONLY

Signature of Staff at Watoto Peds

Date

Print Name