



PENTA

PEDIATRIC EAR, NOSE & THROAT OF ATLANTA, P.C.

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM



Putting Your Child First

4 0 4 . 2 5 5 . 2 0 3 3

I, _____, _____, _____, have had the opportunity to review a copy of
First Middle Last
Parent or Legal Guardian

Notice of Privacy Practices for Pediatric Ear, Nose and Throat of Atlanta, P.C.

Name of Patient

____-____-_____
Date of Birth

Signature of Parent or Legal Guardian

____-____-_____
Date

RESET FORM