

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**



PENTA
Pediatric ENT of Atlanta
Where Children Are First™

I, _____, _____, _____, have had the opportunity to
First Middle Last
review a copy of Notice of Privacy Practices for Pediatric Ear, Nose and Throat of Atlanta, P.C.

_____/_____/_____
Patient Name Date

_____/_____/_____
Signature of Parent/Legal Guardian Date