

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have received a copy of the Privacy Notice issued by Northeast Pediatric Associates, Inc.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**CHILDRENS' NAMES**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_