



# Integrative Pediatrics

Safe passage in a changing world.

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have received a copy of the

*Integrative Pediatrics, LLC*

Notice of Privacy Practices.

By signing below, I agree that I have received a copy of the Notice of Privacy Practices.

_____	_____
<b>Patient Signature (must be at least 15 years old)</b>	<b>Date</b>
_____	
<b>Print Patient Name</b>	

-OR-

_____	_____
<b>Parent, Guardian, Responsible Party, Legal Representative Signature</b>	<b>Date</b>
_____	
<b>Description of Representative's Authority</b>	

Revised 10/2013