

**CHILDREN'S UROLOGY ASSOCIATES, P.A.**

**ACKNOWLEDGEMENT OF RECEIPT  
OF**

**NOTICE OF PRIVACY PRACTICES**

Dated April 14, 2003

I, [name of patient] \_\_\_\_\_, acknowledge and agree that I have received a copy of Children's Urology Associates, P.A. Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Legal Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to patient

**FOR CLINIC USE ONLY:**

Children's Urology Associates, P.A. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices: