



**106 Hyannis Drive
Holly Springs, NC 27540
(T) 919-249-4700
(F) 919-249-4701**

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

I, _____ have received a copy of the Holly Springs Pediatrics’ Notice of Privacy Practices for review.

If parent is signing, please list child’s/children’s full name(s) and Date of Birth (DOB):

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

Signature of Parent/Guardian

Date

Signature of Patient (18 years and older)

Date