

# ***Development is CHILD'S PLAY!***

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES**

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**Client**

**Date**

I, \_\_\_\_\_, have received a copy of this agency's Notice of Privacy Policies and Practices and authorize use and disclosure of my child's health information for treatment, payment, and healthcare operations.

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**Print Name**

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**Signature of parent or legal guardian**

**Date**

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**Signature of other parent, if required**

**Date**

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**Relationship to Client**

**Date**

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### **For Office Use Only**

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**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:**

**Individual refused to sign**

**Communication barriers prohibited obtaining the acknowledgement**

**Other (Please explain)**

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