



Wakefield Pediatric Associates

15 Richardson Avenue, Wakefield, MA 01880
Telephone: (781) 245-2203 Fax: (781) 245-7303

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have received a
(Name of Parent)
copy of Dr. Gorlovsky's Notice of Privacy Practices for my child. This Notice describes how Dr. Gorlovsky may use and disclose my child's protected health information, certain restrictions on the use and disclosure of my child's healthcare information, and rights I may have regarding the protected healthcare information.

(Signature of Parent, or Personal Representative) (Date)

(Relationship to Patient)