



# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Muddy Creek Pediatrics**  
**Designated Privacy Official: 513-398-3900**

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED  
A COPY OF MUDDY CREEK PEDIATRICS' NOTICE OF PRIVACY  
PRACTICES.**

Patient Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Telephone: \_\_\_\_\_

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Muddy Creek Pediatrics staff initials and date: \_\_\_\_\_

- Acknowledgement refused:
  - Efforts to obtain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Reasons for refusal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_