

Pediatric Associates of Charlottesville, PLC

Date: _____

I, _____, a patient, parent or legal guardian of:
(please print)

List Child(ren) Name(s):

Account Number:

received the ***Pediatric Associates of Charlottesville, PLC*** Notice of Privacy Practice. I have been informed that should I have questions regarding Pediatric Associates of Charlottesville, PLC Privacy Policy or do not understand information in the Notice that I may direct these questions to the Privacy Officer.

Patient Signature

Date