

ALL BETTER PEDIATRICS

ACKNOWLEDGMENT OF RECEIPT OF PATIENT NOTICE

I, \_\_\_\_\_ (Patient's name not parent's name), do hereby acknowledge that I was given the opportunity to review and receive a copy of All Better Pediatrics' Patient Notice on \_\_\_\_\_ (Date).

\_\_\_\_\_  
**Signature of patient or patient's representative**

Printed name of patient's representative \_\_\_\_\_

Description of the representative's authority to act for the patient \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

\_\_\_\_\_  
**FOR OFFICE USE ONLY**

All Better Pediatrics was unable to obtain acknowledgment for the following reason:

- Emergency
- Patient non-responsive
- Patient confused/disoriented
- Patient sedated
- Patient refused-Reason: \_\_\_\_\_

Date \_\_\_\_\_