



Pediatric Associates

of Lewiston P.A.

The Fairgrounds Business Park
33 Mollison Way
Lewiston, Maine 04240
Tel. (207) 784-5782 * Fax. (207) 783-9268

Written Acknowledgement Form Receipt of Notice of Privacy Practices

Date of Implementation 4/15/03

I acknowledge that I was provided with the Notice of Privacy Practices of Pediatric Associates of Lewiston P.A.

Print Name of Patient _____ DOB: _____

*Signature of Parent/Legal Guardian _____

Relationship of Parent/Legal Guardian _____

Signature of Witness _____ Date: _____

For 18 years of age or older

Signature of Patient _____ Date: _____

Patient's Date of Birth _____

If the patient refuses to sign this acknowledgement, indicate your attempt to obtain a signature below.

[] Patient refused to sign this acknowledgment,

Date: _____

Time: _____

Reason for not obtaining the acknowledgement: _____

Employee Name: _____