



**Privacy Notice Acknowledgment of Receipt
Under 18 Years of Age**

I, _____, a parent or legal guardian of
(Print Name)

_____ Date of Birth _____
(Child's Name)

have received the Capital Area Pediatrics, Inc. Notice of Privacy Practice. I have been informed that should I have questions regarding Capital Area Pediatrics, Inc. Privacy Policy or do not understand information in the Notice that I may direct these questions to the Office Manager.

Signature of Parent/Legal Guardian

Date: _____

Print Name