



**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By my signature below, I acknowledge that I have received Alaska Pediatric Therapy's Notice of Privacy Practices and Client Rights, and that I understand and have had an opportunity to ask questions about the Notice.

Patient Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

This acknowledgement page should be retained in client's record. If acknowledgement could not be obtained from client, reasons must be documented below.

