

# Acknowledgment Of Receipt Of The Notice Of Privacy Practice

I have received a paper copy of the **Lockman & Lubell Pediatric Associates, LLC** Notice of Privacy Practices.

Family members for whom this applies: (Please list names and birthdates of all children)

1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____
4. _____	____/____/____
5. _____	____/____/____
6. _____	____/____/____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_