



Policy Acknowledgement

PRIVACY PRACTICE & OFFICE PROTOCOL ACKNOWLEDGEMENT

1. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PRESENTED WITH A COPY OF SPROUT PEDIATRIC'S NOTICE OF PRIVACY PRACTICES.
2. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PRESENTED WITH A COPY OF SPROUT PEDIATRIC'S OFFICE POLICIES AND UNDERSTAND MY RESPONSIBILITIES.

Signature: _____

Date: _____

Name of Patient or Patients:

Office Representative Initials: _____