

**Bernardsville Pediatrics, LLC
Madison-Bernardsville Pediatrics, LLC**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received and acknowledge my responsibility to read the

Parent/Guardian Name

copy of HIPAA Notice of Privacy Practices and Financial policy. These documents are available for download on our practice website or upon request.

Signature of Parent/Guardian

Date