

Pine Grove Pediatrics
8650 Sudley Road Suite 306
Manassas, VA 20110
703-393-9494

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____, the parent or legal guardian of _____

have received a copy of the Notice of Privacy Practices for Pine Grove Pediatrics.

Relationship to Patient: _____

Print Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian

Date