A Caring Touch Pediatrics
Newborn through Young Adult

230 Fountain Court, Suite 260
Lexington, KY 40509
859-264-0660 Voice
859-264-0662 Fax
www.acaringtouchpeds.com

ACKNOWLEDGEMENT OF OUR NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of A Caring Touch Pediatrics Notice of Privacy Practices. By signing below, I am "only" giving acknowledgement that I have received or have had the opportunity to receive the Notice of our Privacy Practices.

_____ _____

Patient Name (Type or Print) Date

_____

Signature

I have received the guidelines and policies of A Caring Touch Pediatrics and agree to read and comply with all the guidelines set forth. I understand that by ACT accepting my child or children as a patient, I am expected to follow these guidelines.

_____

Signature Date

MORIA N. BUSH, MD, FAAP – MARK L. PARROTT, MD – SHANDA L. MORRIS, MD