

SHAH PEDIATRICS, INC.
PEDIATRICS & ADOLESCENT MEDICINE
310 PHILIPS BLVD.
LAWRENCEVILLE, GA 30046
(770) 962-3141

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

I _____, have received Shah Pediatrics, Inc. Notice of Privacy Practices
Patient Name

And have been provided an opportunity to review it.

Signature of Parent

Date