

**Pediatric Professional Association  
10600 Quivira, Suite 210  
Overland Park, KS 66215-2312**

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

I, \_\_\_\_\_, have received a copy of  
Patient Name  
the Pediatric Professional Association's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date