Welcome To
Kennesaw Pediatrics
Your Home for Pediatric Healthcare!

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Receipt of Notice of Privacy Practices:

Written Acknowledgement Form

I, _____, have been made aware that a copy of the HIPAA is located in the waiting areas of Kennesaw Pediatrics, P.C. and am aware that I can request a printed copy.

Signature: _____ Date: _____

Relationship to Patient(s): _____

Patient(s) Name: _____