



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

Federal law requires that we provide you with a copy of our privacy notice.

The privacy notice explains how we may use and disclose health information about you or your child. We ask that you sign this form for our records so that we may document your receipt of the notice.

If you have questions about the privacy notice, please feel free to contact our privacy officer. The name and contact number of the privacy officer are listed on your copy of the privacy notice.

Child(ren) Name and Date of Birth:

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**Parent/Guardian to complete this section.**

**I have received a copy of the privacy notice for The Children's Clinic of Klamath**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**If patient is unable to receipt, staff member providing notice to complete this section.**

**The privacy notice was provided to:**

Name \_\_\_\_\_ on \_\_\_\_\_

**The parent/guardian was unable to acknowledge receipt of the privacy notice for the following reason:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The Children's Clinic of Klamath**

**2580 Daggett Ave.**

**Klamath Falls, Oregon 97601**

**Phone 541-884-1224**