



Kidzspeech, LLC

Kidzspeech, LLC
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Acknowledgement of Receipt of Notice of Privacy Practices

Child/Client Name: _____

Parent/Guardian: _____

Address: _____

A complete description of how your protected health information will be used and disclosed by Kidzspeech, LLC is in our Notice of Privacy Practices, which you should read before signing this Acknowledgement. This Notice is posted throughout our office and you will be given a copy for your personal use.

I have received a copy of Kidzspeech, LLC Notice of Privacy Practices.

Signature of Patient Representative

Patient Relationship

Date