Sunshine Pediatrics of Lutz
Dr. Payal Patel & Dr. Saumeel Mehta
18928 N.Dale Mabry Hwy, Suite 102, Lutz, Fl 33548

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF RECEIPT OF PRIVACY PRACTICES

By signing this document, I acknowledge that I have received a copy of Sunshine Pediatrics of Lutz's notice of privacy practices

_____	_____	_____
Name(Please Print)	Signature	Date

If signing as a parent or guardian, please note the name of the patient:

_____

FOR INTERNAL OFFICE USE ONLY:

Date Acknowledgment Received

OR

Reason Acknowledgment was not obtained:

_____

Name(Please Print):_____Signature:_____Date:_____