



8250 Kenwood Crossing Way, Suite 205
Cincinnati, Ohio 45236

7777 University Drive, Suite D
West Chester, Ohio 45069

NOTICE OF PRIVACY POLICY

PATIENT ACKNOWLEDGMENT

I, _____, hereby acknowledge that I was given a copy of the Notice
[print name]

of Privacy Policy issued by MID-CITY PEDIATRICS, INC. on the date indicated below.

Signature

Date

Name of Child: _____

Relationship to Child:

- Custodial Parent
- Guardian
- Power of Attorney
- Health Care Proxy or Surrogate

Witness

Date

Chart No: _____