



SOUTH SUMMIT PEDIATRICS



267 East Traverse Point Drive
Draper, UT 84020
1-801-553-8300

Notice of Privacy Practice Acknowledgment

Date: _____

I, _____, a patient, parent or legal guardian of:
(please print)

List Child(ren) Name(s):

Account Number:

received the **South Summit Pediatrics** Notice of Privacy Practice. I have been informed that should I have questions regarding this Privacy Policy or do not understand the information in the Notice, that I may direct these questions to the Privacy Officer B. Colleen Larson

Patient or Parent/Guardian Signature

Date