



TLC Pediatrics L.L.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have read the attached copy of the TLC PEDIATRICS, L.L.C. "Notice of Privacy Practices." This notice describes how TLC PEDIATRICS, L.L.C may use and disclose my protected health information, certain restriction on the use and disclosure of my healthcare information and rights I may have regarding my protected health information.

SIGNATURE OF PARENT OR GUARDIAN OF PATIENT

DATE

4315 North View Drive
Bowie MD 20716
Office: 301-352-6515
Fax: 301-352-6516