

**SANDY SPRINGS PEDIATRICS AND ADOLESCENT MEDICINE, PC  
PEDIATRIC INFECTIOUS DISEASE ASSOCIATES, LLC**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of Notice of Privacy Practices for Sandy Springs Pediatrics and Adolescent Medicine, PC and Pediatric Infectious Disease Associates, LLC.

Children's Names & DOB

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date