

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

JUST KIDZ PEDIATRICS
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MD
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I acknowledge receipt as of the date set forth below of a copy of the Practice's "Notice of Privacy Practices."

Printed name of patient

Patient's Date of Birth

Signature of patient (or patient's personal representative.)

Date

If a personal representative signs:

Printed name of patient's personal representative.

Relationship of personal representative to patient or personal representative's authority to act for the patient, if applicable

Date