

Moncks Corner Pediatrics, LLC
5000 Epson Plantation Drive, Suite B
Moncks Corner, SC 29461-3979

“Acknowledgement of Receipt of Notice of Privacy Practices”

I, _____ (Parent/Legal Guardian Name), have received the Notice of Privacy Practices from Moncks Corner Pediatrics, LLC.

Signature of Parent/ Legal Guardian

Date

In the event of my absence, I authorize the following individual’s permission to authorize medical treatment to be rendered to my child/children.

1. _____
Name Relationship Contact Number

2. _____
Name Relationship Contact Number

3. _____
Name Relationship Contact Number

4. _____
Name Relationship Contact Number

5. _____
Name Relationship Contact Number