

Patient Privacy Policy Acknowledgment

Date: _____

To Whom It May Concern,

I, **[Guardian's Name]**, as the legal guardian of **[Patient's Name]**, acknowledge that I have received and reviewed the Patient Privacy Policy of **[Healthcare Provider's Name]**. I understand the importance of patient privacy and the measures taken to safeguard personal information.

I acknowledge that I have been informed of my rights concerning the privacy of the patient's medical records and have had the opportunity to ask questions regarding this policy.

Signature: _____

Printed Name: _____

Relationship to Patient: _____

Contact Information: _____