

PREMIER PEDIATRIC GROUP INC.  
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### ACKNOWLEDGEMENT RECEIPT OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of *Notice of Privacy Practices* from Premier Pediatric Group, Inc.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent Name

**Documentation of Failure to Obtain Signed Acknowledgement**

On (date) \_\_\_\_\_, 2003, \_\_\_\_\_ presented this  
Acknowledgement of receipt of Notice of Privacy Practices Form to \_\_\_\_\_.

The patient refused / was unable to provide a signature when requested.

Reason: \_\_\_\_\_