

VALLEY CHILDREN'S CLINIC. P.C.

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**Receipt of Notice of Privacy Practices and Patient Information Policies
Written Acknowledgement Form**

I, _____, parent/guardian of _____,
(Print Parent/Guardian Name) (Print Child's Name)

(Print Child's Name)

(Print Child's Name)

have received a copy of Valley Children's Clinic's Notice of Privacy Practices and Patient Information Policies.

List person/persons who may call and receive information about this patient:

Name _____ Relationship to patient _____
Name _____ Relationship to patient _____
Name _____ Relationship to patient _____
Name _____ Relationship to patient _____

List person/persons who may bring patient to office and sign for care:

Name _____ Relationship to patient _____
Name _____ Relationship to patient _____
Name _____ Relationship to patient _____
Name _____ Relationship to patient _____

****Payment is expected at time of service - whoever brings patient is responsible for bringing insurance card/cards & paying co-pay/co-insurance/deductible at the visit.**

Date: _____

(Signature of Parent/Guardian)

Refused - Date: _____

Witness: _____