

ACKNOWLEDGEMENT OF OUR NOTICE OF PRIVACY PRACTICES

| I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Burlington Pediatrics LLC Notice of Privacy Practices. By signing below I am "only" giving acknowledgement that I have received or have had the opportunity to receive the Notice of our Privacy Practices. | |
|---|------|
| Patient Name (Type or Print) | Date |
| Signature | |