



Chad P. Nevola M.D., Inc.

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND ADHERENCE TO OFFICE POLICIES**

I, _____, have received a copy of
Parent/Legal Guardian

Chad P. Nevola, M.D., Inc.'s Notice of Privacy Practices. I also agree to abide by the office policies, which include, but are not limited to, mandatory 24-hour notification of cancellation of a scheduled appointment. I am also aware that the failure to provide such notice of cancellation may require me to pay for the appointment in full before the patient in question can be seen by the doctor in the future. I realize that any such costs incurred are not my insurance company's responsibility, and that I am personally obligated to pay such costs.

Signature of Parent/Legal Guardian: _____ Date: _____