



The Medical Profession,
LLC
Robin S. White, MD
Kristen J. MacLeod, MD
5301 Reno Corporate Dr.
Reno, NV 89511
775.329.5555

ACKNOWLEDGEMENT

I, _____ acknowledge that I have been given the opportunity to receive a copy of the Notice of Privacy Practices from The Medical Profession, LLC on behalf of my minor child or children.

_____ I have received the document on _____ (date).

_____ I have waived my right to receive the document on _____ (date) which does not deny me the right to receive my copy at some future date.

Signature

Name(s) and Date(s) of Birth of Child(ren):
