



**PALM BEACH PEDIATRIC  
HEMATOLOGY ONCOLOGY**

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## **PALM BEACH PEDIATRIC HEMATOLOGY ONCOLOGY**

### **Receipt of Notice of Privacy Practices**

#### **Written Acknowledgement Form**

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices  
Parent/Guardian Name (please print)

from Melissa S. Singer, M.D., P.A. dba Palm Beach Pediatric Hematology Oncology.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

PBPHO  
06/25/06