



145 Tilghman Drive, Suite 300 Dunn, NC 28334  
Phone: (910) 891-5437 Fax: (910) 897-7145  
609 Attain Street, Suite 181 Fuquay Varina, NC 27526  
Phone: (919) 557-5433 Fax: (919) 557-6279

I acknowledge that I have read and received a copy of the Office Policies and the HIPAA Agreement for Excel Pediatrics. A copy of this acknowledgement will be placed in the patient's chart.

---

---

TODAY'S DATE \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S NAME

\_\_\_\_\_  
PATIENT'S DATE OF BIRTH

\_\_\_\_\_  
GUARANTOR'S SIGNATURE

\_\_\_\_\_  
GUARANTOR'S PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
WITNESS'S SIGNATURE