



**107 JAVIT COURT  
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**RECEIPT OF NOTICE OF PRACTICES**

Austintown Pediatrics Inc, Dr. Carrie Campanelli D.O., Emily R. Vasilchek-Hicks CPNP, and Beth Stouffer CPNP respect your privacy and only uses or disclose your medical information when necessary or appropriate. Our attached Notice of Privacy Practices describes potential uses and disclosures of your health information by our practice and outlines your medical privacy rights.

Please sign below and return this form to the receptionist so that we know you have received our Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Name: (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date