



San Diego Pediatrics

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of San Diego Pediatrics' Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment, as well as on the practice website, sandiegopediatrics.com.

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate your relationship to the patient:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name of Patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

