

EAST BAY PEDIATRIC PRIMARY CARE, INC.  
2324 Santa Rita Road, Suite  
Pleasanton, CA 94566  
(925) 462-7700

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT FORM**

I HEREBY ACKNOWLEDGE THAT I RECEIVED THE NOTICE OF PRIVACY PRACTICES AND I HAVE BEEN PROVIDED AN OPPORTUNITY TO REVIEW IT. I FURTHER ACKNOWLEDGE THAT I WILL BE OFFERED A COPY OF ANY AMMENDED NOTICE OF PRIVACY PRACTICES AT EACH APPOINTMENT.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name of child/children:

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_