



Cepero Pediatrics
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Acknowledgment of Receipt of Notice of Privacy Practices

Your name and signature on this form indicates that you have been given the opportunity to review and request a copy of the Cepero Pediatrics, P.A. Notice of Privacy Practices(Notice) on the date indicated. If you have any questions regarding the information in the Notice, please do not hesitate to contact an office representative.

Patient Name(Printed):

Date of Birth:

If Patient Representative, Name(Printed):

If Patient Representative, Relationship to Patient(printed):

Date Notice Received:

X

Patient or representative signature