Cepero Pediatrics, P.A.
3488 Depew Ave.
Port Charlotte, FL 33952
Ph: 941-764-7923 Fax: 941-764-7927

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