

**Casa Grande Pediatrics
1760 e. Florence Blvd., Suite #220
Casa Grande, Az. 85222**

Acknowledgment of Receipt of Privacy Notice
Original to be maintained in Patient's permanent record

Patient's name _____ Chart# _____

I acknowledge that I have reviewed a copy of the office's Notice of Privacy for the Practice.

Patient or legal Guardian of patient signature and date.

X _____ Date _____

Print your name if you signed on behalf of the patient.

X _____

Relationship to patient.

X _____