



PEDIATRIC ASSOCIATES
California

Liliana Caceres, M.D. F.A.A.P.
Alfredo Garcia, M.D. F.A.A.P.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The effective date of this notice is September 29, 2003.

I hereby acknowledge that I have received from Alfredo Garcia, MD / Liliana Caceres, MD, a current notice of privacy practices.

Patient Name: _____

Parent/LegalGuardianSignature: _____

Witness: _____

Date: _____

For Internal use only

Patient refused to sign Pediatric Associates California's acknowledgement of receipt for Notice of Privacy practices.

Reason for patient's refusal to sign: _____

Witness/ employee name: _____

Witness/ employee Signature: _____

Date: _____