



Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given access to a copy of the UCSF Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in the Notice of Privacy Practices, please does not hesitate to contact a clinic representative. Also, a copy is posted on our website at www.trivalleypediatrics.com.

Patient's name (printed)

Date of birth

If patient representative, name (printed)

Relationship to patient (patient)

Signature (parent or guardian)

Date notice received