

Acknowledgement of Receipt of Privacy Practices

Oak Tree Pediatrics and More

430 Avenida De Los Arboles, #201

Thousand Oaks, CA 91360

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent of guardian of minor patient
- Guardian or conservator of an incompetent patient

Name and Address of Patient: _____
