

Children's Cardiology of the Bay Area, Inc.

Specializing in the care of children with heart disease

Adult Congenital Heart Disease

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San Mateo, California

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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been given an opportunity to review and receive a copy (if requested) of this medical practices' 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 or guardian of minor patient*

_____ *Guardian or conservator of an incompetent patient*

Name of Patient: _____

Patient Address: _____

City, State, Zip: _____