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kiwi pediatrics medical group, inc.

Acknowledgement of Notice of Privacy Practices

This document acknowledges that I have reviewed or received a copy of the Notice of Privacy Practices for Kiwi Pediatrics Medical Group. This acknowledgement is not a contract, authorization, release or consent form. This document will remain in the patient file.

I, _____ (Patient), acknowledge that I have reviewed or received a copy of the Notice of Privacy Practices.

Patient Signature

Date

If the patient is under the age of 18 or the patient is not a minor but is under the care of a guardian, the parent or guardian should sign here.

Parent or Guardian Name

Relationship to Patient

Parent or Guardian Signature

Date

Consent to Participate in Immunization Registry

I, _____ (Patient), (check one) ___ agree,
___ do not agree to participate in the California (state and regional) Immunization Registry.

Patient Signature

Date

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