

**Acknowledgement of Receipt of Notice of Privacy Practices
Casa Verde Pediatrics
Medical Group, Inc.
301 Lennon Ln. Ste 203
Walnut Creek, CA 94598**

Lisa M. Asta, MD
Privacy Officer
(925)939-7334

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 available in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

"I would like to receive a copy of any amended Notice of Privacy Practices by e-mail through our Webview (Patient Service Plan) secure online portal."

Signed: _____

Date: _____

Print name: _____

Telephone: _____

If not signed by patient, please indicate relationship:

parent or guardian of minor patient

guardian or conservator of an incompetent patient

Name and address of patient(s):
