STEPPING STONES PEDIATRIC AND ADOLESCENT MEDICINE

RECEIPT OF PRIVACY PRACTICE NOTICE WRITTEN ACKNOWLEDGEMENT

l,	, have had the oppo	ortunity to review
Stepping Stones Pediatric and Adolesc	cent Medicine's Notice of Privacy Practic	ces. I understand
that I may receive a copy of this docun	nent upon request.	
Patient Name	Date of Birth	
Signature of Parent		