



Notice of Privacy Practice Acknowledgment

I have read the policies of Diablo Valley Child Neurology, Inc, and agree to the terms and conditions as described in the "Office Policies" form given to me prior to my first appointment with my child.

Patient Name:

DOB:

I, _____, the parent/guardian of this child acknowledge that I have read & reviewed and I understand the Notice of Privacy Practice information for Diablo Valley Child Neurology, Inc.

This information was available to me and read:

on website

during initial visit

Signature:

Date: