



Bright Oaks Pediatric Center
2111 Laurel Bush Road, Suite H
Bel Air, MD 21015
www.brightoakspediatrics.com
(410) 569-3300
(410) 569-8199 (fax)

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, representing _____ have
Parent Name Patient's name

received a copy of Bright Oaks Pediatrics Notice of Privacy Practices.

Signature of Patient/Parent

Date