## Milestone Pediatrics, P.C.

Iyabo Okuwobi, M.D., F.A.A.P.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I,	acknowledge that Milestone
Pediatrics, P.C. has made their Notice of Priva	acy Practices available for my view
in the waiting room. This notice describes how	w milestone Pediatrics, P.C. may use
and disclose my (or my child's) protected hea	
the use and disclosure of my (or my child's ) l	į E
have regarding my (or my child's) protected h	ealth information.
Thank you,	
	/ /
Signature	Date
-	
Relationship to Patient	