



Arvada Location
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Broomfield Location
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T 303.410.8041 F 303.410.8044

HIPAA NOTICE ACKNOWLEDGEMENT

I acknowledge that I have been offered the Arvada Pediatric Associates Notice of Privacy Practices.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (please print): _____

Relationship to patient: _____

Signature: _____ Date: _____