

**Oceans Pediatrics  
Palms West Professional Center IV  
12983 Southern Blvd.  
Suite 100  
Loxahatchee, FL 33470  
561-793-2500**

**Notice of Privacy Practices**

**PATIENT NAME** \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have received  
the Notice of Privacy Practices.

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**Signature**

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**Date**