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Acknowledgement of Receipt of Notice of Privacy Practices and Financial Policy

I, _____ have received a copy of Notice of Privacy Practices and Financial Policy of Tamalpais Pediatrics, Inc. and by signing below I agree to both.

Our Practice is able to e-prescribe, allowing us to communicate electronically with your Pharmacy. This will allow us to send your prescription electronically, as well as see your prescription history. If you do not want to participate in this program, check here:

The provider seeing your child can send your prescription to any pharmacy you choose. If there is a pharmacy you typically use, please let us know what it is, so that we can keep it on file. This can be changed at any time – you do not need to have all prescriptions sent to this pharmacy.

Pharmacy Name: _____

Pharmacy Street: _____

Pharmacy City: _____

Signature

Date