

Elliot Rubin, M.D.
Medha Gavai, M.D.
Rochelle Henner, M.D.
Myriam Hernandez, PNP

Sheryl John, M.D.
Douglas Edelman, M.D.
Jodi Zalewitz, M.D

INFANTS, CHILDREN AND ADOLESCENTS

317 Cleveland Avenue, Suite 204, Highland Park, NJ 08904. Phone: (732) 249-8999 Fax: (732) 249-7827
D-1 Brier Hill Court, East Brunswick, NJ 08816. Phone: (732) 238-3310 Fax: (732) 613-6051

**NOTICE OF PRIVACY PRACTICES WRITTEN
ACKNOWLEDGMENT FORM RECEIVED.**

I, _____, have received a copy
(Patients Name)

of University Pediatric Associates Notice of Privacy Practices.

Signature of Parent/Guardian

DATE



SIGNATURE ON FILE INSURANCE AUTHORIZATION

**I authorize payment of medical benefits to:
University Pediatric Associates for Medical Service(s) provided.**

Signature of insured (or) Authorized Person

DATE