



All Star Pediatrics

Where all of our kids shine!!



Dr. Darlene Eckert, MD
Board Certified Pediatrics

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**ACKNOWLEDGEMENT OF RECEIPT OF
ALL STAR PEDIATRICS
PRIVACY POLICIES AND PRACTICES**

DATE: _____

I hereby acknowledge that I have received, read, and understand
the **Privacy Policies and Practices** notice pertaining to **All Star Pediatrics**.

Patient's Name

Parent's Name/Legal Guardian (printed)

Parent's Signature/Legal Guardian Signature

Date

Relationship to Patient