



PRIVACY NOTICE ACKNOWLEDGEMENT

Federal law requires that we provide you with a copy of our Privacy Notice. The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice. If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on your copy of the Privacy Notice.

Name: _____ Birth Date: _____

PRIVACY NOTICE ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Notice of Privacy Practices of ABC Children's Clinic Inc. The notice provides in detail the uses and disclosure of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights and the practices legal duties with respect to my information.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Relationship to patient:

Mother Father Legal Guardian Other: _____

FOR OFFICE USE ONLY

If the patient is unable to acknowledge receipt, staff member providing notice is to complete this section.

The Privacy Notice was provided to:

_____ On _____
Patient Name Date

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify):

