



HIPAA ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTISES AND CONSENT FOR USE AND DISCLOSURE INFORMATION

Notice of Private Practices: You have the right to read our Privacy Practices before you decide whether to sign this consent. A copy of our Notice is available upon request. Our Notice provides a description of our treatment, payment, and healthcare operations, of the uses and disclosures we make of our protected health information.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of our protected health information to carry out treatment, payment activities, and healthcare operations.

I have been shown a copy of this offices Notice of Privacy Practices and have had full opportunity to read and consider its consents. I understand that by signing this consent form, I'm giving my consent to use and disclose of my protected health information to carry out treatment, payment activities and healthcare operations.

Patients Name: _____

Parent / Legal Guardians Name: _____

Relationship: _____

Signature: _____ Date: _____

For Office Use Only

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

____ Individual refused to sign

____ Communication barriers prohibited obtaining the
acknowledgement

____ Other (specify)