



## **Acknowledgment of Receipt of Notice of Privacy Practices**

(File in Patient's medical Chart)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I have been presented with a copy of the Notice of Privacy Practices and understand this notice, detailing how my (child's) health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my (child's) health information.

I understand that CareVille Pediatrics P.A reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information, this practice will provide me a revised Notice of Privacy Practices upon request.

Signed: \_\_\_\_\_ Name (Print) : \_\_\_\_\_

Date: \_\_\_\_\_

Relationship (if not patient): \_\_\_\_\_

### Internal Use Only

If the patient/patient's representative refuse to sign acknowledgment, please document date and time notice was presented to patient and sign below.

Presented on (date/time): \_\_\_\_\_ By (name/title): \_\_\_\_\_