

Notice of Privacy Practices Acknowledgment

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) I have rights to privacy regarding my protected health information (PHI). I understand this information can and will be used to:

- Conduct, plan, and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal health care operations such as assessments and physician certifications.

I understand that I may request in writing that Santa Clarita Pediatrics restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that I am not required to agree to my requested restrictions. If Santa Clarita Pediatrics does agree then Santa Clarita Pediatrics is bound by our agreement except when otherwise required by law, such as emergencies, or when the information is necessary to treat my child.

Santa Clarita Pediatrics is authorized to call me and leave messages regarding appointment reminders, lab results, and other information at the following phone numbers:

- 1) _____
- 2) _____
- 3) _____

I understand that I may evoke this consent in writing at any time except to the extent that you have taken action relying on this consent.

I hereby acknowledge that I have been presented with a copy of Santa Clarita Pediatrics *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review this notice of Privacy Practices prior to signing this consent. I understand that Santa Clarita Pediatrics has the right to change its Notice of Privacy Practice from time to time, and I may contact Santa Clarita Pediatrics at any time to obtain a current copy of the *Notice of Privacy Practices*.

Name of Patient (print)

Parent/ Guardian Name (print)

Date

Signature of Parent/ Guardian

Date

Relationship of Patient Representative to Patient