



Acknowledgement of Receipt of Notice of Privacy Practices

A **NOTICE OF PRIVACY PRACTICES** is provided to all patients on their first visit. This Notice of Privacy Practices identifies how medical information about the patient may be used or disclosed. It explains your rights to access your medical information; to request an accounting of disclosures of your medical information, and to request additional restrictions on our uses and disclosures of that information. It explains your rights to complain if you believe your privacy rights have been violated, and our responsibilities for maintaining the privacy of your medical information, and letting you know if that privacy is breached.

The undersigned has received a copy of the **NOTICE OF PRIVACY PRACTICES**.

Signature of parent/guardian: _____

Print name: _____

Child's name: _____ Date: _____