Creekview Pediatrics
caring for your child From birth to 21 yrs

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PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Patient's Name: _____ Date of Birth: __/__/___
Parent/Guardian: _____

I understand that the patient's health information is private and confidential and that Creekview Pediatrics, LLC works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

Creekview Pediatrics, LLC, has a detailed document called the "Notice of Privacy Practices". This "Notice" contains detailed information about the policies and practices protecting the patient's privacy and is available for my review at all times. The Notice is presented in a manual which is located in the patient reception area. I understand that I have the right to read the "Notice" before signing this Acknowledgment and that I have the right to request and will be given a full, updated copy of the "Notice" upon such a request.

Creekview Pediatrics, LLC has established procedures that help them meet their privacy obligations to patients. These procedures may include other signature requirements, written acknowledgment, and authorizations, reasonable time frames for requesting information, charges for copies and non-routine information needs, etc. I will assist Creekview Pediatrics, LLC by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of "Notice of Privacy Practice Creekview Pediatrics, LLC ".

_____ _____ _____
Patient or legally authorized individual signature Date Time

_____
Relationship to patient, if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.).

Name(s) of individuals we may release relevant information to regarding your care:

_____