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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

RE: Health Insurance Portability and Accountability Act

HIPAA is a federal law that is designed to protect the privacy of patient information. Protected health information (PHI) is confidential. Examples of PHI are: Patient name, address, phone numbers, diagnosis, test results, billing records and prescriptions. Our office has taken reasonable safeguards to ensure the confidentiality of your child's PHI. The privacy and security of your child's PHI is very important to us. Our office has a "Notice of Privacy Practices." The Notice reviews the privacy issues as well as your health information rights. Copies are available on our website, in the waiting room and personal copies can be requested from the staff.

In brief, the law permits us to use or disclose your child's health information for the following purposes:

- Treatment, payment, and health care operations
- Appointment Reminders
- Notification and communication with family
- As required by law (e.g. abuse, neglect, domestic violence)
- Public Health reasons
- Health oversight activities
- Immunization records for school if requested by parent/guardian

Unless described in the Notice of Privacy Practices, our office will not use or disclose health information, which identifies your child without your written permission.

Regarding health information rights, you have the right to request special privacy protections and a right to inspect and have a copy of your child's health information.

I hereby acknowledge that a copy of this medical practice's Notice of Privacy Practices has been made available to me.

Signed: _____ Print Name: _____
Relationship to Patient: _____
Patient's Name: _____ Date: _____