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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 and address, phone number, 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 our 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 (i.e. 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. For more information, please refer to www.hhs.gov/hipaa/.

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

Signed: _____ Patient's Name: _____

Print Name: _____ Relationship to patient: _____

Date: _____

Riverside Pediatrics Representative (if offered but signature declined): _____