



KIDS FIRST PEDIATRICS

growing families one kid at a time

ACKNOWLEDGMENT OF RECEIPT OF Health Insurance Portability and Accountability Act of 1996 (HIPAA) PRIVACY PRACTICES AND CONSENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. It also provides information about your rights as a patient of our practice and whom you may contact at our office to ask questions about our privacy practices.

By signing this form, I hereby acknowledge that I have had the opportunity to read the Notice of Privacy Practices of **KIDS FIRST** and understand that in compliance with that notice, **KIDS FIRST** is allowed to use or disclose my individually identifiable health information for purposes of treatment, payment, and health care operations. I further understand that the Notice of Privacy Practices provides a more complete explanation of the use or disclosure of my individually identifiable health information.

I have read a copy of the KIDS FIRST PEDIATRICS 's HIPAA Notice of Privacy Practices and understand the information it contains.

Signature of Patient/Patient's Representative (above)

Date: