

Pediatrics West, P.C.
3555 Lutheran Parkway, Suite 200
Wheat Ridge, CO 80033

Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.
- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your child's Protected Health Information that directly relates to that person's involvement in your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in the patient's best interest based on our professional judgment.

I have received, read and understand your Notice of Privacy Practices. Should I want to review a more complete description of the uses and disclosures of my health information, I understand that detailed Notice of Privacy Practices will be provided for me upon request. I understand this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

Patient Name _____

Date of Birth _____

Primary Care Physician _____

Signature Parent/Guardian _____

Printed Name _____

Relationship to Patient _____

Date _____

How do you prefer to be contacted with appointment reminders?

Email: _____ Phone call: _____ or Text message: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

Date: _____ Initials: _____ Reason: _____